

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90147 013 \*\*\*150.00



**DOCUMENT # 640720**

1. Entity Name  
 DECORATOR CENTER, INC.

Principal Place of Business  
 14032 S.W. 48 ST.  
 MIAMI FL 33175

Mailing Address  
 14032 S.W. 48 ST.  
 MIAMI FL 33175



2. Principal Place of Business - No P.O. Box #  
 14032 S.W. 48 ST.  
 Suite, Apt. #, etc.

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
 Miami FLA.

City & State  
 Miami FLA.

Zip  
 33175

Country  
 U.S.A.

4. FEI Number 59-2017051  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AQUART, ELSA I.  
 14032 S.W. 48TH STREET  
 MIAMI FL 33175

7. Name and Address of New Registered Agent  
 Name N/A  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AQUART, PETER REGINALD	
STREET ADDRESS	14032 SW 48TH ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	AQUART, ELSA IRIS	
STREET ADDRESS	14032 SW 48TH ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AQUART, PETER WAYNE	
STREET ADDRESS	14032 SW 48TH ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AQUART, ANDREW R.	
STREET ADDRESS	14032 SW 48TH ST	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elsa Aquart* ELSA AQUART 3/26/07 305 551-0586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #