

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832651

FILED
Jan 05, 2004
Secretary of State

Entity Name: DECORATOR INDUSTRIES, INC.

Current Principal Place of Business:

10011 PINES BLVD.
SUITE #201
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

10011 PINES BLVD.
SUITE #201
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 25-1001433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MICHAEL K
10011 PINES BLVD
SUITE #201
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BASSETT, WILLIAM A
Address: 10011 PINES BLVD, SUITE #201
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VT () Delete
Name: SOLOMON, MICHAEL K
Address: 10011 PINES BLVD, SUITE #201
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: S () Delete
Name: LIEBER, JEROME B
Address: 40TH FLOOR, ONE OXFORD CENTRE
City-St-Zip: PITTSBURGH, PA 15219 US

Title: D () Delete
Name: ELLIS, JOSEPH N
Address: 10011 PINES BLVD, SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: DUSTHIMER, THOMAS L
Address: 10011 PINES BLVD, SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: DOWNEY, ELLEN
Address: 10011 PINES BLVD. STE. 201
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: BASSETT, WILLIAM A
Address: 10011 PINES BLVD, SUITE #201
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LIEBER, JEROME B
Address: 40TH FLOOR, ONE OXFORD CENTRE
City-St-Zip: PITTSBURGH, PA 15219 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K. SOLOMON

VT

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date