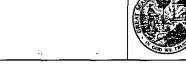
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

G57873 **DOCUMENT #**

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90153 010 ***150.00

DECOR HOUSE, INC. Mailing Address -Principal Place of Business 60023341 .4119PONCE.DE_LEON.BLVD...... 4119PONCE DE LEON BLVD CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2390502 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ. SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 10425 SW 79TH PLACE MIAMI FL 33156 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ... After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payeble to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE ☐ Change RODRIGUEZ, REMBERTO NAME NAME 10425 SW 79TH PLACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition RODRIGUEZ, JOSE A NAME NAME 9351 SW 118 PLACE STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RODRIGUEZ, SHIRLEY NAME NAME 10425 SW 79 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

CR2E034 (10/02)