

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74688

Entity Name: DECOPLANT, INC.

FILED
May 11, 2005
Secretary of State

Current Principal Place of Business:

9035 S.W. 102ND COURT
% GILBERTO COVER
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9035 S.W. 102ND COURT
% GILBERTO COVER
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-2339099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVER, GILBERTO
9035 S.W. 102ND COURT
MIAMI, FL 33176 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COVER, GILBERTO,
Address: 9035 SW 102ND CT
City-St-Zip: MIAMI, FL 00000,

Title: D () Delete
Name: COVER, IVONNE FERD D, E
Address: 9035 S.W. 102ND COURT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GILBERTO COVER

PRES

05/11/2005

Electronic Signature of Signing Officer or Director

_____ Date