

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K74447

1. Entity Name
DECO FLOR INTERNATIONAL INC.



Principal Place of Business
300 SOUTH PINE ISLAND ROAD, SUITE 110
C/O STEVEN FISCHER
PLANTATION, FL 33324

Mailing Address
300 SOUTH PINE ISLAND ROAD, SUITE 110
C/O STEVEN FISCHER
PLANTATION, FL 33324



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0110523

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, STEVEN P.
300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000027439
02/03/04-80047-003 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME DREYER, JOEL
STREET ADDRESS CTR COURT BLDG, 2450 HOLLYWOOD BLVD #706
CITY-ST-ZIP HOLLYWOOD, FL

TITLE DS
NAME DREYER, STEVEN I.
STREET ADDRESS CTR COURT BLDG, 2450 HOLLYWOOD BLVD #706
CITY-ST-ZIP HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Joel P. Dreyer
JOEL P. DREYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/04

954 920 8877