

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90018 026 ***150.00

DOCUMENT # K77584

1. Entity Name

DECO DESIGN JEWELERS, INC.



Principal Place of Business

C/O MARCO SILVAGI
1026 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address

C/O MARCO SILVAGI
1026 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415



2. Principal Place of Business

1026 S. Military Trl
Suite, Apt. #, etc.
West Palm Bch, FL
City & State
Deco Design Jewelers

3. Mailing Address

1026 S. Military Trl
Suite, Apt. #, etc.
West Palm Bch, FL
City & State
33415

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0116722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVAGI, MARCO
1026 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name Marco Silvagi
Street Address (P.O. Box Number is Not Acceptable)
1026 Military Trl.
City W.P.B. **FL** Zip Code 33415

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

Marco Silvagi

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

3-7-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	D	<input type="checkbox"/> Delete
NAME	SILVAGI, MARCO	
STREET ADDRESS	1027 HARMONY WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06 561-346-4847

Date

Daytime Phone #