


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L17581 1. Entity Name DECO ILLUSIONS INC.	
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Principal Place of Business 2022 JEFFERSON ST HOLLYWOOD, FL 33020	Mailing Address 2022 JEFFERSON ST HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0227094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, SYLVIE J. A.
2022 JEFFERSON ST.
HOLLYWOOD, FL 33020

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE DP	NAME MORENO, SYLVIE J
STREET ADDRESS 2022 JEFFERSON ST	CITY-ST-ZIP HOLLYWOOD, FL 33020
TITLE DVP	NAME PHILLIPS, SAMUEL M
STREET ADDRESS 2022 JEFFERSON ST.	CITY-ST-ZIP HOLLYWOOD, FL 33020
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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04/14/08-80030-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 I/we empowered.

SIGNATURE:  **DATE** 3/29/08 **Daytime Phone #** 954-925-6853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR