## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2005 08:00 AM Secretary of State

| DOCUMENT # M57326  1. Entity Name AV DECOR INTERIOR, INC.   |   |                    | Secretary of State |  |
|---|---|--------------------|--------------------|--|
| Principal Place of Business         Mailing Address           3371 N.W. 17 STREET         3371 N.W. 17 STREET           MIAMI, FL 33125         -           MAMI, FL 33125         -  |   |                    |                    |  |
| ····  |   |                    |                    |  |
| DO NOT WHITE IN THIS SPACE  |   |                    |                    | 01122005 No Chg-P CR2E034 (10/03)  |
|   |   |                    |                    | 4. FEI Number   Applied For   59-2834415   Not Applicable   5. Certificate of Status Desired   \$8.75 Additional |
| 6. Name and Address of Current Registered Agent   |   |                    |                    | Fee Required   |
| VALLE, JAVIER DET<br>3371 N.W. 17TH STREET<br>MIAMI, FL 33125   |   |                    |                    | DO NOT WRITE<br>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, typad or priced name of registered agent and title if approache (NOTE Registered Agent signature required when is including).  DATE  |   |                    |                    |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  S. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees   |   |                    |                    |  |
| 10. IFILE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRECT VD DEL VALLE, OFELIA M. 3371 NW 17 ST MIAMI, FL | TORS               | _                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STDP DEL VALLE, JAVIER 3371 NW 17 ST MIAMI, FL                      |                    |                    | 000000215727<br>02/07/05-80001-003 150.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                    |                    | DO NOT WRITE   |
| TITLE NAME STREET ADDRESS GITY-S1-ZIP   |   |                    |                    | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                    |                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | , where the second |                    |  |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Honda Statutes. If 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 are 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 life appropriate. |   |                    |                    |  |