

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015465

Entity Name: DECO TITLE SERVICES, INC

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

15150 N.W. 79 COURT  
SUITE 195  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

610 W 53 TERRACE  
HIALEAH, FL 33012

## New Mailing Address:

2500 SW 131 TERRACE  
DAVIE, FL 33325

FEI Number: 65-0993046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORES, LUIS  
610 W 53 TERRACE  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

FLORES, LUIS  
2500 SW 131 TERRACE  
DAVIE, FL 33325 US

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:

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FLORES, MARLENE M  
Address: 610 W 53 TERRACE  
City-St-Zip: HIALEAH, FL 33012

Title: STD ( ) Delete  
Name: FLORES, LUIS  
Address: 610 W 53 TERRACE  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FLORES, MARLENE M  
Address: 2500 SW 131 TERRACE  
City-St-Zip: DAVIE, FL 33325

Title: STD (X) Change ( ) Addition  
Name: FLORES, LUIS  
Address: 2500 SW 131 TERRACE  
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARLENE M. FLORES

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date