



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000019256</b> 1. Entity Name DECOCRAFTS INC.	
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Principal Place of Business 5701 NW 74 AVE SUITE A MIAMI, FL 33166	Mailing Address 5701 NW 74 AVE SUITE A MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



05212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0989082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAHOZ, JUAN R  
5701 NW 74 AVE  
SUITE A  
MIAMI, FL 33166

**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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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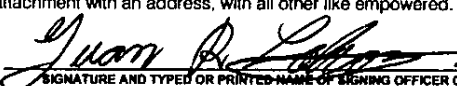
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAHOZ, JUAN ROBERTO 12535 N.W. 7 STREET MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAHOZ, LILIANA V 12535 N.W. 7 STREET MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/31/07-80026-012 150.00

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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 like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/07 305 8050502  
Date Daytime Phone #