## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## Secretary of State DOCUMENT # P00000029920 1. Entity Name LE DECOR STUDIO, INC. 05-10-2006 90092 042 \*\*\*158.75 DBA-AMERICAN LIVING FURNITURS Principal Place of Business Mailing Address 21039 SN 90 PLACE 6354 Bird RD. 2<del>1039 SW 90 PLACE</del> 6354 B)RD MIAML FL <del>33189</del> RORD ✓ 60037432 MIAMI, FL 33189 33155 MIAMI, FL 33189 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 65-0994921 Not Applicable Zíp Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALFONSO, EMILY A Street Address (P.O. Box Number is Not Acceptable) 21030 SW 90 PLACE 4354 BIRD ROAD MIAMI, FL 33189-33165 City Zip Code 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 aignature regured when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change Addition TITLE ALFONSO, EMILY A 4354 NAME 21000 SW 90 PLACE BIRD ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL -33169-CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITI E Change Maddition Addition DDE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIT? E TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: OF BIGNING OFFICER OR I

**FILED** 

May 10, 2006 8:00 am



May 2, 2006

Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find check and updated 2006 Annual Report. As you will notice on the report the address of the business has changed. I tried several times to pay via internet as I have done for the past several years however, I kept on receiving an error that the time had elapsed and my request was erased from the server. I tried to contact the 800 no. to speak to an advisor but the lines were busy and a recording would answer to call back in twenty minutes. I would like to excuse myself for not having the payment in on the 1<sup>st</sup> of May, but it has not been due to negligence on my behalf. I made every effort to comply as I have since the year 2000. Please contact me should you have any questions by e-mail at emyaalfonso@yahoo.com or by phone at 786-281-2642.

Sincerely

Emily A. Alfonso Le Décor Studio, Inc.