

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90013 027 ***150.00

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1. Entity Name
DECADES OF DESIGN GROUP, INC.



Principal Place of Business
**2651 NORTH FEDERAL HIGHWAY UNIT 101
FORT LAUDERDALE, FL 33306**

Mailing Address
**2651 NORTH FEDERAL HIGHWAY UNIT 101
FORT LAUDERDALE, FL 33306**

94017674



01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1016324 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHIRFFINO, MIGUEL
2651 NORTH FEDERAL HIGHWAY UNIT 101
FORT LAUDERDALE, FL 33306**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHIRFFINO, MIGUEL
STREET ADDRESS PO BOX 000211 1534 NE 5th Ave
CITY-ST-ZIP MIAMI SPRINGS, FL 33206 Ft. Lauderdale FL 33306

TITLE VP
NAME MARINO, JERRY
STREET ADDRESS 3041 N OAKLAND FORREST DR, #103 1534 NE 5 AVE
CITY-ST-ZIP OAKLAND PARK, FL 33309 FT. LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

MIGUEL SCHIRFFINO

2/2/04
Date

954-564-0454
Daytime Phone #