


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90050 050 ***150.00

DOCUMENT # P00000057962	
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
---	---

40008601



2. Principal Place of Business 2661 N. FEDERAL HWY	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State FORT LAUDERDALE FL 33306	City & State
Zip 33306	Country
Country	Country

4. FEI Number 65-1016324	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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	
--	--

7. Name and Address of New Registered Agent	
Name MIGUEL SCHIRFFINO	
Street Address (P.O. Box Number is Not Acceptable) 2661 N FEDERAL HIGHWAY	
City FORT LAUDERDALE	FL Zip Code 33306

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIRFFINO, MIGUEL 1534 NE 5TH AVE. FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARINO, JERRY 1534 NE 5 AVE. FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIGUEL SCHIRFFINO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MIGUEL SCHIRFFINO** **1/26/05** **954-564-0454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #