2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90006 041 ***150.00

DOCUMENT # P00000085411

1. Entity Name
THE HOME DECOR GROUP, INC.

Principal Place of Business	Mailing Address
1377 GINGER CIRCLE WESTON, FL 33326	1377 GINGER CIRCLE WESTON, FL 33326

07122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2200 BLADES CIR.	1427 CAPRI LANE
Suite, Apt. #, etc.: 117	Suite, Apt. #, etc.: 5013
City & State: WESTON, FL.	City & State: WESTON, FL.
Zip: 33327 Country: BROWARD	Zip: 33326 Country: BROWARD

4. FEI Number: 65-1038996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALPERN, DREW
1377 GINGER CIRCLE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1427 CAPRI LANE #5013

City WESTON FL Zip Code 33326

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] 7/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D	HALPERN, DREW 1377 GINGER CIRCLE WESTON, FL 33326	☐ ☐	1427 CAPRI LANE #5013 WESTON, FL. 33326
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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] 7/12/04 954-817-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #