

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 1377 GINGER CIRCLE WESTON, FL 33326	Mailing Address 1377 GINGER CIRCLE WESTON, FL 33326
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2. Principal Place of Business 2200 BLADES CIR.	3. Mailing Address 1427 CARRE LAKE
Suite, Apt. #, etc. 117	Suite, Apt. #, etc. 5013
City & State WESTON, FL.	City & State WESTON, FL.
Zip 33327	Country BROWARD
Zip 33326	Country BROWARD



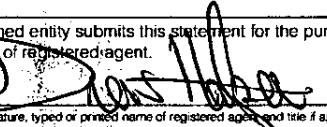
07122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1038996	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 CARRE LAKE #5013 City WESTON FL Zip Code 33326	

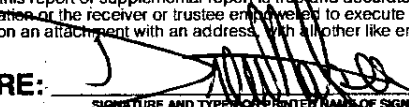
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **7/12/04**

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ D HALPERN, DREW 1377 GINGER CIRCLE WESTON, FL 33326	☐	☐ 1427 CARRE LAKE #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:  DATE: **7/12/04** 954-817-9424
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR