2005 FOR PROFIT CORPORATION ANNUAL REBORT

Apr 15, 2005 8:00 am Secretary of State **DOCUMENT # P00000111138** 04-15-2005 90104 026 ***150.00 1 Entity Name LE DECOR PEINT COMPANY Principal Place of Business Mailing Address 7800 W OAKLAND PARK BLVD. 1028 ASHBY D 20034398 G-121 **CENTURY VILLAGE** DEERFIELD BEACH, FL 33442 FORT LAUDERDALE, FL 33351 3. Mailing Address 2. Principal Place of Business 3023 Farnham O Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04052005 Chg-P Applied For City & State City & State 4. FEI Number Deerfield Beach, FL 65-1126740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33442 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAULT-MICHAEL-Street Address (P.O. Box Number is Not Acceptable) 7800 W OAKLAND PK BLVD BLDG G FORT LAUDERDALE, FL 33351 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. **DPTS** Delete TITLE Change Ch ☐ Addition TITLE CARLUY, GILLES M NAME NAME 3023 Farnham O 1028 ASHBY D STREET ADDRESS STREET ADDRESS Deerfield Beach, FL 33442 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Change ☐ Addition **DPTS** ☐ Delete TITLE TITLE CHICHA, MARLENE NAME NAME 3023 Farnham O STREET ADDRESS STREET ADDRESS 1028 ASHBY D Deerfield Beach, FL 33442 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED