## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P00000111138**

**FILED** Mar 19, 2008 08:00 A Secretary of State

LE DÉCOR PEINT COMPANY



Principal Place of Business

Mailing Address

7800 W OAKLAND PARK BLVD.

3023 FARNHAM O

G-121 FORT LAUDERDALE, FL 33351 DEERFIELD BEACH, FL 33442



03132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1126740

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRAULT, MICHAEL

## DO NOT WRITE

7800 W OAKLAND PK BLVD BLDG G FORT LAUDERDALE, FL 33351			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the p ions of registered agent.	ourpose of changing its registered office o	r registered agent, or bo	th, in the State of Florida. I am familiar w	ith, and accept
Signatura, typed or printed name of registered agent and title if applicable (NOTE: Registered A			ignature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000863706 04/03/08-80104-001	150.00
10.	0. OFFICERS AND DIRECTORS			11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CHICHA, MARLENE 3023 FARNHAM O DEERFIELD BEACH, FL 33442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLUY, GILLES 7800 W OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33351	_			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
TITLE				* * * * * * * * * * * * * * * * * * * *	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR