

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90003 021 ***150.00

DOCUMENT # P01000024152

1. Entity Name
1438 DECOPLAGE, INC.



Principal Place of Business
7 HERONS PLACE
ISLEWORTH
MIDDLESEX, ENGLAND, UK
ENGLAND

Mailing Address
C/O SIMON & SIMON PA
9100 SO. DADELAND BLVD., STE. 504
MIAMI, FL 33156

50003490



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1084709

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPILL, JOY B
9100 S DADELAND BLVD STE 504
MIAMI, FL 33156-7815

Name

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

City

FL

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 name change)

Title

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GLASSBOROW, ANTHONY M
STREET ADDRESS 7 HERONS PLACE LION WHARF ROAD
CITY-ST-ZIP OLD ISLEWORTH MIDDLESEX, ENGLAND TW77BE UK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 JAN 2004

10/06

Payable Amount: