

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000028289

1. Entity Name
FRANCE DECO TRADING, INC.



FILED

04 AUG -2 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2192 NW 82ND AVE
MIAMI, FL 33122

Mailing Address
2192 NW 82ND AVE
MIAMI, FL 33122

2. Principal Place of Business
8320 N.W. 14th Street

3. Mailing Address
8320 N.W. 14th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
USA

Zip
33126

Country
USA

07172004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1087549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZERDOUN, BRUNO
2901 SO. BAYSHORE DR. #15 B
MIAMI, FL 33133

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZERDOUN, BRUNO 2901 SOUTH BAYSHORE DRIVE UNIT 15B COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ZERDOUN, MURIEL 2901 SOUTH BAYSHORE DR., UNIT 15B COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300039837123 08/03/04--01040--008 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

BRUNO ZERDOUN President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/04 305 715 9066
Date Daytime Phone #