2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND D

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P01000028289 1. Entity Name 04-03-2006 90400 014 ***150 00 FRANCE DECO TRADING, INC. Principal Place of Business Mailing Address 8320 NW 14TH ST 8320 NW 14TH ST **MIAMI FL 33126 MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1087549 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZERDOUN, BRUNO Street Address (P.O. Box Number is Not Acceptable) 8 3 20 NW 14 ST 2901 SO. BAYSHORE DR. #15 B MIAMI FL 33-133 Zip Code 33126 Menu The above named entity submits this the obligations of registered agent ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or preif registered agent and title it applicable (NOTE Registered Agein signature required when reinstating) DATE FILE NOW!! FEE/S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE **PSTD** ☐ Delete TITLE Change ☐ Addition Zerdnun, Bruno NAME ZERDOUN, BRUNO NAME 8320 NW 14ST 2901 SOUTH BAYSHORE DRIVE UNIT 15B STREET ADDRESS STREET ADDRESS Mian, FC 33126 CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIP TITLE Delete TITLE XI Chance ☐ Addition Zerdrun, MUKEL NAME ZERDOUN, MURIEL NAME P320 NW 145T STREET ADDRE 2901 SOUTH BAYSHORE DRIVE, UNIT 158 STREET ADDRESS Milen, AL 3311 CITY-ST-COCONUT GROVE FL 33133 CITY-ST-ZIP TITLE Delete ШЕ ☐ Change Politibh A [] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 ermowered 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 and all other like exponented.

FILED