


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90043 040 \*\*\*150.00

**DOCUMENT # P01000031473**  
 1. Entity Name  
**RICA FESTA DECORATIONS, CORP.**



Principal Place of Business  
**266 A SOUTH UNIVERSITY DR.  
 PLANTATION, FL 33324**

Mailing Address  
**266 A SOUTH UNIVERSITY DR.  
 PLANTATION, FL 33324**

40007263



2. Principal Place of Business  
**266 A SOUTH UNIVERSITY**  
 Suite, Apt. #, etc.  
**DRIVE**

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State  
**PLANTATION FL**

City & State

Zip  
**33324** Country  
**BROWARD**

Zip Country

4. FEI Number  
**65-1086548**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LIMA ROQUE, MARIA D  
 5812 N W 84TH AVENUE  
 TAMARAC, FL 33321**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete <b>MOYANO, MARCIA P</b> <b>10511 S W 108TH AVE., APT. F293</b> <b>MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input type="checkbox"/> Delete <b>DE LIMA FONSECA, SORAYA</b> <b>5812 N W 84TH AVE.</b> <b>TAMARAC, FL 33321</b>
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	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MOYANO, MARCIA P</b> <b>4255 N. UNIVERSITY DRIVE</b> <b>SUNRISE, FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DE LIMA FONSECA, SORAYA</b> <b>4255 N. UNIVERSITY DRIVE</b> <b>SUNRISE, FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Soraya Fonseca **SORAYA FONSECA** 01/25/04 (1954)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

475-8008