FILED
May 30, 2002 8:00 am
Secretary of State
05-02-2002 90105 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066307

1. Entity Name
House Decorations Inc

DO NOT WRITE IN THIS SPACE

[redacted]

33147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7795 W. Flagler St	7795 W. Flagler ST
Suite, Apt., etc. ~~#53~~ #8	Suite, Apt., etc. ~~#53~~ #8
City & State Miami, FL	City & State Miami, FL
Zip 33144 Country	Zip 33144 Country

4. FEI Number 65-1124129 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Raul A. Garcia

Street Address (P.O. Box Number is Not Acceptable) 1635 West 41st St # 101

City Higleah FL Zip Code 33012

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.

SIGNATURE [signature] Raul A Garcia 05-18-02

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P / RAUL A. GARCIA / 1635 W. 41st ST #101 / HIALEAH FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S / MARILYN R. ALVAREZ / 1635 W. 41st ST #101 / HIALEAH FL 33012
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #