2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90083 012 ***150.00

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	DOCOMENT #1 01000010100	() () () () () () () ()	
	1. Entity Name		
	l	(SEE EW) 2 (CARSO)	

1. Entity Name DECORATIVE FINISHING CORP.								0122200	017000	, 012	130.00
Principal Plac	e of Busines:	s	Mailing	Address			1	4400020	IJ		
311 LAS PALMAS ST.				311 LAS PALMAS ST. ROYAL PALM BEACH, FL 33411		L MARKAGE IN STANLING SAIN SAIN SAIN SAIN SAIN SAIN SAINS SINS S					
2. Principal Place of Business 3.				3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01132004	Chg-P	CR2E0	34 (10/03)	
City & State			ļ	City & State			4. FEI Numb	-		No	oplied For ot Applicable
Zip		Country	Zip		Coun	htry		of Status Desired		\$8.75 Add Fee Require	titional d
	6. Name	and Address of Current	Registere	d Agent		Name	7. Name and	d Address of New R	egistered /	.gent	
BURGESS, MOSES 311 LAS PALMAS ST.					Name Street Address (P.O. Box Numb	er is Not Acceptable	a)			
ROYAL PA	ALM BEAC	CH, FL 33411					 				
						City			FL	Zip Cod	
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 ill applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
		FEE IS \$150.00 4 Fee will be \$550.0	I). Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTOR	rs	11.		ADDITIONS	/CHANGES TO OFFI	ICERS AND	DIRECTORS	3 IN 11
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CITY-ST-ZIP	D.	ALM BEACH, FL 3341	1			-ST- ZIP					
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NAME	BURGES	•			NAM	"					
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CITY-ST-ZIP CITY- CITY-ST-ZIP CITY- L hereby certify that the information supplied with this filling does not qualify for the exercise.					-ST-ZIP						
19 I harahur	eartifu that the	a information eventiod with	this filing i	doce not qualify fo	r the eve	motion stated in Sc	ction 119 07/3	(i) Florida Statutes I	further cer	rify that the in	aformation

inereby ceruity 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 logal effect as if made under eath; 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 HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #