


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90243 046 \*\*\*150.00

<b>DOCUMENT # P02000005762</b>	
1. Entity Name <b>DECO-CRETE INC.</b>	

Principal Place of Business <b>9868 SANDLEFOOT BLVD., SUITE 174 BOCA RATON FL 33428</b>	Mailing Address <b>9868 SANDLEFOOT BLVD., SUITE 174 BOCA RATON FL 33428</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business <b>9868 SANDLEFOOT BLVD</b> Suite, Apt. #, etc. <b>174</b> City & State <b>BOCA RATON, FL.</b> Zip <b>33428</b> Country <b>U.S.A.</b>	3. Mailing Address <b>9868 SANDLEFOOT BLVD</b> Suite, Apt. #, etc. <b>174</b> City & State <b>BOCA RATON, FL.</b> Zip <b>33428</b> Country <b>U.S.A.</b>
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4. FEI Number <b>90-0002116</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MAZO, ANDREW</b> <b>9868 SANDLEFOOT BLVD., SUITE 174</b> <b>BOCA RATON FL 33428</b>
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7. Name and Address of New Registered Agent Name <b>MAZO, ANDREW</b> Street Address (P.O. Box Number is Not Acceptable) <b>9868 SANDLEFOOT BLVD. SUITE 174</b> City <b>BOCA RATON</b> FL Zip Code <b>33428</b>
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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 **4-18-04**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAZO, ANDREW 10340 SUNSTREAM LN. BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZO, BARBARA 10340 SUNSTREAM LN. BOCA RATON FL 33428 <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	<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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4-18-04** Daytime Phone #