


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

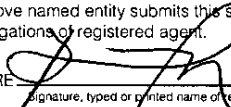
DOCUMENT # P02000007530		
1. Entity Name NEW AGE DECOR, INC.		

Principal Place of Business 520 NW 205TH AVENUE PEMBROKE PINES, FL 33029	Mailing Address 520 NW 205TH AVENUE PEMBROKE PINES, FL 33029
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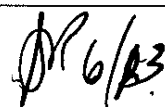
2. Principal Place of Business	3. Mailing Address 555 E 25 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 111
City & State	City & State Hialeah, Fl
Zip	Country
33013-3839	Miami-Dade

6. Name and Address of Current Registered Agent  PENA, RAUL 520 NW 205TH AVENUE PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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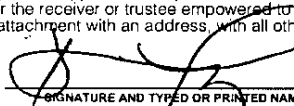
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, RAUL 520 NW 205TH AVENUE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 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 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:  RAUL PEÑA President 6-5-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
06 JUN -8 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number 80-0028581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required

10007643207 P Addition  
06/21/06--01031--023 \*\*\*308.75