## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 26, 2003 8:00 am Secretary of State

4/2

1. Entity Nar DECORA		# P0200 CESSORIES INTERN	0010931 NATIONAL, INC.				04-21-2003	90379 013	***158.75	
Principal Place of Business Maiting Address 975 S. CONGRESS AVENUE 975 S. CONGRESS AVENUE						55049909				
SUITE 102 SUITE 102				TOE		,	, .0	วิกิมจักกั	J	
DELRAY BEA	VCH FL 33445		DELRAY BEACH FL 3:144	15						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 01 - 0	58577	7 : <del> </del>	Applied For Not Applicable	<b>,</b>	
Zip		Country	Zip	Count	try	5. Certificate of Stat	us Desired	\$8.75 A Fee Requi	dditional red	]
	6. Name	and Address of Current R	egistered Agent			7. Name and Addre	ss of New Regist	ered Agent		]_
DEDCHAI	NN IOCEDI	u 6			Name					
BERGMANN, JOSEPH R				ľ	Street Address (P.O. Box Number is Not Acceptable)					7
SILK BOTANICALS 975 S. CONGRESS AVENUE, SUITE 102				ł			<del></del>			-
	BEACH FL.	•		Į.		<u>-</u>				4
DELIVATI	DENOTITE,				· City			FL Zip Co	de	1
		y submits this statement for	the purpose of changing its	registere	d office or registe	red agent, or both, in th	e State of Florida.	l ám familiar with	, and accept	7
the conga	itions of regist	tered agent.								-
SIGNATURE .		or printed name of registered agent an	d fits it confineble (IMOT)	T. 0i-td		<del> </del>		DATE		
	Signature, typeo	or business remains or reflectment effour en-								
_				E: Hegistereo	wigers a Business sadding	d when reinstating)	ñ , c	,AIE		-
		FEE IS \$150.00		E: Hegistereo	Agent signature require	9. Election C	ampaign Financin	g _ \$5.	00 May Be	
After	r May 1, 200	IFEE IS \$150.00 33 Fee will be \$550.00 5 Florida Department of S		E: Hegistereo	Without at Stateman Addition	9. Election C		g _ \$5.	00 May Be ed to Fees	
After	r May 1, 200	3 Fee will be \$550.00	State	11.	Agart s Grenne rechire	9. Election C	campaign Financing	g \$5.	ed to Fees	
After Make Check	k Payable to	OFFICERS AND D	State			9. Election C Trust Fund	campaign Financing	g \$5.	ed to Fees	/02)
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SIGNATURE:

KINATURE AND TYPED OR PROTTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information expedience 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 suppliemental 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 testee 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.

561-265-3600