

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000012877**

**1. Entity Name**  
**DECO DRIVE BEAUTY SUPPLY, INC**



**Principal Place of Business**

**2700 NW 183 ST  
MIAMI, FL 33056**

**Mailing Address**

**7856 NW 194TH ST  
HIALEAH, FL 33015-6351**

**DO NOT WRITE IN THIS SPACE**



**03312008 No Chg-P CR2E034 (11/05)**

**4. FEI Number**  
**04-3598592**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MOHAMED, ABDALLA  
5182 NW 17TH AVE  
MIAMI, FL 33142**

**DO NOT WRITE  
IN THIS SPACE**

**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 if applicable. (NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>
<b>NAME</b>	<b>MOHAMED, ABDALLA</b>
<b>STREET ADDRESS</b>	<b>5182 NW 17 AVE</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33142</b>
<b>TITLE</b>	<b>VS</b>
<b>NAME</b>	<b>HAGNOUR, MUTISIM Y</b>
<b>STREET ADDRESS</b>	<b>680 NE 64 ST #A503</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33138</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**U00000941071  
05/28/08-80092-008 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ABDALLA MOHAMED  
President**

**04/28/08**

Date

**(305) 651-9955**

Daytime Phone #