


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000022001	
1. Entity Name DIEPPA DECOR, INC.	

Principal Place of Business 3039 NE QUAYSIDE LANE MIAMI, FL 33138	Mailing Address 3039 NE QUAYSIDE LANE MIAMI, FL 33138
---	---



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3639788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIEPPA, ELENA M 3039 NE QUAYSIDE LANE MIAMI, FL 33138
--

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. <i>*NOT CHANGING AGENT - WILL POSSIBLY MOVE LOCATION IN JUNE</i>	
SIGNATURE <i>Elena M. Dieppa</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Elena M. Dieppa</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <i>4/26/05</i> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<i>DO NOT HAVE TO SEND AT TIME OF MOV</i>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEPPA, ELENA M 3039 NE QUAYSIDE LANE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Elena M. Dieppa</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Elena M. Dieppa</i> <small>Date</small> <i>4/26/05</i> <i>305 812-6510</i> <small>Daytime Phone #</small>