

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90492 043 ***163.75

DOCUMENT # *P 02 0000 42010*

1. Entity Name

PROFESSIONAL HOME DECORATION CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8425 NW 61ST ST

Suite, Apt. #, etc.

3. Mailing Address

8425 NW 61ST STREET

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

36-4494528

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

94063458

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ABRAMSON, EDWARD H

Street Address (P.O. Box Number is Not Acceptable)

7270 N.W. 12TH STREET

Suite 580

City

MIAMI

FL

Zip Code

33126

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>PD RODRIGUEZ, ERIC A 8425 NW 61ST STREET TAMARAC, FL 33321</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>DRT PEIXOTO, EDUARDO R 711 N. PINE ISLAND RD # 121 PLANTATION FL 33324</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04

Date

954 394-8158

Daytime Phone #

CR2E034B (12/02)