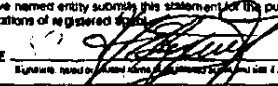
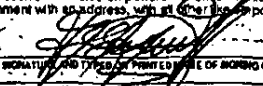


FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91362 024 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000050201			
1. Entity Name J.E. DECOR ART, INC.			
Principal Place of Business 7215 MIAMI LAKES DRIVE A-9 MIAMI LAKES, FL 33014		Mailing Address 7215 MIAMI LAKES DRIVE A-9 MIAMI LAKES, FL 33014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 562-74-4472		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORJUELA, JOSE E 7215 MIAMI LAKES DRIVE A-9 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 		DATE	
Signature typed or printed name of Registered Agent and its authority.		NOTE: Registered Agent signature required when submitting.	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P ORJUELA, JOSE E 7215 MIAMI LAKES DRIVE #A-9 MIAMI LAKES, FL 33014			
S AGUDELO, GIOVANNI J 7215 MIAMI LAKES DRIVE #A-9 MIAMI LAKES, FL 33014			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 its address, with its other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Office Phone			