## 2005 FOR PROFIT CORPORATION \_\_ANNUAL REPORT

**DOCUMENT # P02000077170** 

## FILED Apr 15, 2005 08:00 AM Secretary of State

DECO SPECIALIST, INC.					
Principal Place of Business 8912 METHENY CIR TAMPA, FL 33615	Mailing Address 8912 METHENY CIR TAMPA, FL 33615				
	· · · · · · · · · · · · · · · · · · ·				
DO NOT WE	ITE IN THIS SP	ACE	02202005 No Chg-F	<u> </u>	
DO NOT WE		AUL	4. FEI Number 74-3052678	Applied For Not Applicable	
			5. Certificate of Status Desir	ed	
6. Name and Address of	Current Registered Agent		·		
GRAJALES, ELIZABETH 8912 METHENY CIR TAMPA, FL 33615			DO NOT WRITE IN THIS SPACE		
The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing its regi	istered office or register	red agent, or both, in the State of	of Florida. I am familiar with, and accept	
SIGNATURESignature, typed or printed name of regist	lered agent and tife it applicable. INCITE: Reg	istered Agent signature required	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150 After May 1, 2005 Fee will be	.00 9. Election Campaign F \$550.00 Trust Fund Contribut	Financing\$5	.00 May Be led to Fees	<del> </del>	
10. OFFICE	RS AND DIRECTORS				
TITLE D	·				

GRAJALES, ELIZABETH NAME STREET ADDRESS 8912 METHENY CIR CITY-ST-ZIP TAMPA, FL 33615 U0000U308688 TITLE 04/16/05-80007-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The state of the s

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFF

Elizabeth Grojales

4/11/05

813-290-0056

Dayume Phone #