


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020249 1. Entity Name PROFESSIONAL DECOR, INC.			
Principal Place of Business 7322 SW 80TH STREET PLAZA MIAMI, FL 33143		Mailing Address 7322 SW 80TH STREET PLAZA MIAMI, FL 33143	
2. Principal Place of Business Suite, Apt. #, etc. Apt. 193		3. Mailing Address Suite, Apt. #, etc. Apt. 193	
City & State :		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TAPIA, ALVARO 5522 W. 27TH AVE. HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, TATIANA 7322 SW 80TH ST. PLAZA, APT. 193 MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAPIA, ALVARO 5522 W. 27TH AVE. HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

FILED
04 MAY 24 PM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152003 Chg-P CR2E034 (10/03)

4. FEI Number **42-1577469** Applied For Not Applicable

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

600037438658 Addition
06/01/04--01027--008 **500.00

Tatiana Torres