


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000024978**

1. Entity Name  
**DECATOR PROPERTIES, INC.**



Principal Place of Business      Mailing Address

**1300 N FEDERAL HWY STE 106**      **1300 N FEDERAL HWY STE 106**  
**BOCA RATON, FL 33432**                      **BOCA RATON, FL 33432**

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01312006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-1028867**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**MICHAEL C. KLASFELD, P.A.**  
**ATTORNEY AT LAW**  
**2424 NE 22 ST**  
**POMPAÑO BCH, FL 33062**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when translating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	DPST KLASFELD, ALAN 1300 N FEDERAL HWY STE 106 BOCA RATON, FL 33432
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00000536368  
 05/08/06-80091-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_      Date: **2/2/06**      Daytime Phone #: **561-394-872**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR