


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90013 007 \*\*\*150.00

<b>DOCUMENT # P03000040842</b>					
<b>1. Entity Name</b> OPTIMUM DECORATING, INC.					
<b>Principal Place of Business</b> 615 NE 10 STREET STE 201 HALLANDALE, FL 33009			<b>Mailing Address</b> 615 NE 10 STREET STE 201 HALLANDALE, FL 33009		
<b>2. Principal Place of Business</b> 615 NE 10 ST. STE 201 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4825 N.E. 18 Terrace Suite, Apt. #, etc.			
<b>City &amp; State</b> Hallandale, FL Zip: 33009 Country: USA		<b>City &amp; State</b> Ft. Lauderdale, FL Zip: 33308 Country: USA		<b>4. FEI Number</b> 65-0826817 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01172004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> SHERMAN, MICHAEL E 615 NE 10 STREET STE 201 HALLANDALE, FL 33009			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: <b>FL</b> Zip Code: _____		
<b>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.</b> SIGNATURE: <u>Michael E. Sherman</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/7/04</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	President Michael E. Sherman 615 NE 10 St. Ste. 201 Hallandale, FL 33009		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Michael E. Sherman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/7/04</u> Daytime Phone #: <u>954-489-0411</u>		