## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

ANNUAL REPURI						_	05.02.0	00401046005	7 ****1 50 00	
DOCUMENT # P03000086837  1. Enuity Name DECORATIVE DESIGNS INSTALLATION INC							05-03-2	004 91 046 007	/ ***150.00	
Principal Place of Business Mailing Address						1				
6540 SW 10 STREET			· ,	6540 SW 10 STREET			66424559			
NORTH LAUDERDALE, FL 33068				NORTH LAUDERDALE, FL 33068			00464333			
2. Principal Place of Business			3. Mailing Address						111  1653     121	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	CR2E034 (10/0		
City & State			City & State				013698		Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate	of Status Desired	S8.75 .		
					<del>,</del>	<u>.l</u>		Fee Requ	ired	
	5. Name	and Address of Cu	rrent Registered Agent		ļ <u></u>	7. Name sn	Address of New R	legistered Agent		
IA CCON	ANIDODO				Name +-					
JAGGON,					Street Address (P.O. Box Number is Not Acceptable)					
NORTH LAUDERDALE, FL 33068										
		· ·			City			FL Zip C	i	
. 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 .										
Signature, typed or printed name of registered againt and total if applicable. (NOTE: Registered Againt againted when reinstating)  DATE										
FIL After M	E NOWIII ay 1, 200	FEE IS \$150.00 4 Fee will be \$5	9. Election Campa 550.00 Trust Fund Con		ncing \$5 Ade	.00 May Be ded to Fees				
10.		OFFICERS	AND DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	Р		☐ Delets	TIT			, , , , , , , , , , , , , , , , , , , ,	☐ Chanc		
NAME	JAGGON, ANDREW			NAA	F			L.J Oran	, HUMANUM ;	
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CITY-ST-ZIP			33068		Y-SI-ZIP				1	
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STREET AUGRESS				1	EET ADORESS				ĺ	
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NAME CTREET ANDRECC		•		NAN					i	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS				Į	
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12. I hereby of indicated	certify that the	e information(supplie) rt or supplemental re	d with this titing does not qualify to port is true and securate and that	or the exe	emption stated in S	ection 119.07(3	(i), Florida Statutes.	I further certify that the	e information	
12. I hereby certify that the information supplied with this jump 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 of 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.										
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