

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-28-2004 90194 049 ***150.00

DOCUMENT # P03000113041

1. Entity Name

DECAPA, INC.



Principal Place of Business

51 SEABREEZE AVE
DELRAY BCH FL 33483-7014

Mailing Address

51 SEABREEZE AVE
DELRAY BCH FL 33483-7014

66426745



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

20-0327105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

NAPOLÉON PAZ

Street Address (P.O. Box Number is Not Acceptable)

51 SEABREEZE AVE

City

DELRAY BEACH

FL

Zip Code

33483

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PAZ, NAPOLEON
STREET ADDRESS 51 SEABREEZE AVE.
CITY-ST-ZIP DELRAY BCH FL 33483-7014

TITLE D ☒ Delete
NAME CARLSON, TODD
STREET ADDRESS 51 SEABREEZE AVE
CITY-ST-ZIP DELRAY BCH FL 33483-7014

TITLE D ☐ Delete
NAME DELL'AQUILA, RENATE
STREET ADDRESS 51 SEABREEZE AVE
CITY-ST-ZIP DELRAY BCH FL 33483-7014

TITLE D ☐ Delete
NAME DELL'AQUILA, ANTHONY
STREET ADDRESS 51 SEABREEZE AVE
CITY-ST-ZIP DELRAY BCH FL 33483-7014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR
NAPOLÉON PAZ

Date

Daytime Phone #

4/25/04

561
272-0982