

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90428 013 ***150.00

DOCUMENT # P03000115746 1. Entity Name DECOR BY NATURE'S ELEMENTS, INC.			
Principal Place of Business 233 NE 14th TERRACE CAPE CORAL, FL 33909		Mailing Address 233 NE 14th TERRACE CAPE CORAL FL 33909	
2. Principal Place of Business 233 NE 14 TERRACE Suite, Apt., #, etc.		3. Mailing Address 233 NE 14 TERRACE Suite, Apt., #, etc.	
City & State CAPE CORAL FL Zip 33909		City & State CAPE CORAL FL Zip 33909	
Country U.S.A		Country U.S.A	
4. FEI Number 20-0326939		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, JORGE 4912 VINCENNES CT #201 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Ariadna F. Riera Street Address (P.O. Box Number is Not Acceptable) 233 NE 14th TERRACE City CAPE CORAL	
State FL		Zip Code 33909	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE: 4/28/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RIERA, ARIADNA F STREET ADDRESS 233 NE 14th TERRACE CITY-ST-ZIP CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME REIS, FERNANDO J STREET ADDRESS 233 NE 14th TERRACE CITY-ST-ZIP CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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
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 239-2821038 <small>Daytime Phone</small>	