2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNING OFFICER OR DIRECTOR

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P03000132599 1. Entity Name 4-16-2004 90072 012 ***158.75 DECOR EXPORT, INC. Principal Place of Business Mailing Address 15855 S.W. 68TH TERRACE 15855 S.W. 68TH TERRACE MIAMI, FL 33193 MIAMI, FL 33193 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 56-2417562 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name___JAIRO_MONTOYA-SUAREZ-____ DEL SOCORRO CARVAJAL, ENEIDA 6400 S.W. 138TH COURT MIAMI, FL 33183-2018 Street Address (P.O. Box Number is Not Acceptable) 15855 SW 68th TERRACE City 1 MIAMI 8. The above named entities spinits 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. the obligations of reg SIGNATURE -(NOTE: Registered Agent signature required when reinstating) DATE of printed name of registered agent a e if applicable. Signature, type 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MONTOYA-SUAREZ, JAIRO NAME 15855 S.W. 68TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change TITLE ☐ Delete TITI F ☐ Addition HENAO-MAJIA, GLORIA NAME NAME 15855 S.W. 68TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7(P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 employered 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.

Jairo Montova-Suarez

President

FILED