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Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90019 024 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139128

1. Entity Name
DECOTIME INTERNATIONA, INC.

60015103

Principal Place of Business	Mailing Address
~~2638 N.W. 21 TERRACE, #A~~ ~~MIAMI, FL 33142 US~~ 7656 NW 74 Ave TAMARAC, FL 33321	~~2638 N.W. 21 TERRACE, #A~~ ~~MIAMI, FL 33142 US~~ 7656 NW 74 Ave TAMARAC, FL 33321

02092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
7656 N.W. 74 AV.		7656 N.W. 74 AV	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMARAC		City & State: TAMARAC	
Zip: 33321	Country: USA	Zip: 33321	Country: USA

4. FEI Number: 20-0444866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRONGOLI, OSVALDO
~~2638 N.W. 21 TERRACE, #A~~ 7656 NW 74 Ave
~~MIAMI, FL 33142~~ TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS STRONGOLI, OSVALDO A ~~2638 N.W. 21 TERRACE, #A~~ 7656 NW 74 Ave ~~MIAMI, FL 33142~~ TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7656 NW 74 Ave TAMARAC, FL 33321 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______________________________ 02.10.2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #