

FILED
Feb 13, 2006 8:00 am
Secretary of State

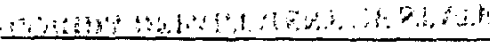
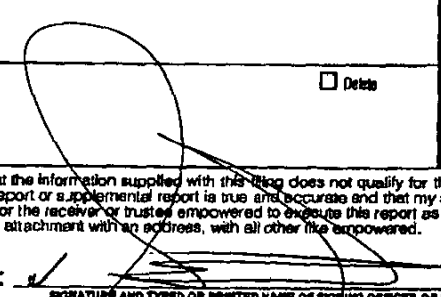
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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

60015103



02092006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000139128			
1. Entity Name DECOTIME INTERNATIONAL, INC.			
Principal Place of Business 2638 N.W. 21 TERRACE, #A MIAMI, FL 33142-05 7656 NW 74 Ave TAMARAC, FL 33321		Mailing Address 2638 N.W. 21 TERRACE, #A MIAMI, FL 33142-05 7656 NW 74 Ave TAMARAC, FL 33321	
2. Principal Place of Business 7656 N.W. 74 AV. Suite, Apt. #, etc.		3. Mailing Address 7656 N.W. 74 AV Suite, Apt. #, etc.	
City & State TAMARAC		City & State TAMARAC	
Zip 33321	Country USA	Zip 33321	Country USA
6. Name and Address of Current Registered Agent STRONGOLI, OSVALDO 2638 N.W. 21 TERRACE, #A MIAMI, FL 33142-05 7656 NW 74 Ave 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:  Signature, typed or printed name of registered agent and fee 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 TITLE NAME DPTS STRONGOLI, OSVALDO A STREET ADDRESS 2638 N.W. 21 TERRACE, #A CITY-ST-ZIP MIAMI, FL 33142-05 7656 NW 74 Ave TAMARAC, FL 33321		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS 7656 NW 74 Ave CITY-ST-ZIP TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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	