## **2007 FOR PROFIT CORPORATION**

## May 24, 2007 8:00 am Secretary of State ANNUAL REPORT 05-24-2007 90001 030 \*\*\*150.00 **DOCUMENT # P03000139128** DECÓTIME INTERNATIONNAL, INC. 40118171 Mailing Address Principal Place of Business 7656 NW 74 AVE 7656 NW 74 AVE TAMARAC FL 33321 US 2638 N W 21 Terr. # A MYAMI, FL 33142 TAMARAC, FL 33321 2638 NW 21 Terr. # A Mismi, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chq-P CR2E034 (12/06) Applied For ▲ FFI Number City & State City & State 20-0444866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRONGOLI, OSVALDO 2638 NW 21 TORN #A 24 Milani, Fl 33142 Street Address (P.O. Box Number is Not Acceptable) 7656 NW-74 AVE TAMARAG, FL 33321 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPTS Change : Addition TITLE Delete TITI F STRONGOLI, OSVALDO A NAME NAME 2638 NW 21 Terr. # A MiAmi, Fl 33142 7656 NW 74 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC-FL 33321 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE MARKE STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F 100 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete ITTLE TITLE NAME NAME

12. I hereby certify that the oformation 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 of supplemental eport 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.

OSVALAO STANKGOLI

PACSIDENT

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: \_\_ 5

STREET ADDRESS

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-286-0967

FILED