

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155591

Entity Name: DECO APPRAISALS, INC.

FILED  
Jul 01, 2005  
Secretary of State

## Current Principal Place of Business:

3404 TORREMOLINOS AVE.  
DORAL, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

3404 TORREMOLINOS AVE.  
DORAL, FL 33178

## New Mailing Address:

FEI Number: 20-0824667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOREDO, ANILYN  
3404 TORREMOLINOS AVE  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOREDO, SERGIO  
Address: 3404 TORREMOLINOS AVE  
City-St-Zip: DORAL, FL 33178 US

Title: VP ( ) Delete  
Name: LOREDO, ANILYN  
Address: 3404 TORREMOLINOS AVE  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANILYN LOREDO

VP

07/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date