

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000013372

1. Entity Name  
ALL MIAMI DECORATION INC.



Principal Place of Business  
4845 SW 92 AVE.  
MIAMI, FL 33165

Mailing Address  
4845 SW 92 AVE.  
MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-0629052

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DE LEAL, TERESITA  
4845 SW 92 AVE.  
MIAMI, FL 33165

## 7. Name and Address of New Registered Agent

Name  
ARNAIS FIGUEROA

Street Address (P.O. Box Number is Not Acceptable)

4845 SW 92 Ave

City MIAMI

FL

Zip Code 33165

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03-14-07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

300095174983  
03/28/07--01043--015 \*\*150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME PSD  
DE LEAL, TERESITA ☒ Delete  
STREET ADDRESS 4845 SW 92 AVE.  
CITY-ST-ZIP MIAMI, FL 33165

TITLE  
NAME VPTD  
FIGUEROA, ARNAIS ☐ Delete  
STREET ADDRESS 4845 SW 92 AVE.  
CITY-ST-ZIP MIAMI, FL 33165

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PRESIDENT  
ARNAIS FIGUEROA ☐ Change ☒ Addition  
STREET ADDRESS 4845 SW 92 Ave  
CITY-ST-ZIP MIAMI FL 33165

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #