

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90008 025 ***150.00

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1. Entity Name

DECA REPUBLIC, INC.



Principal Place of Business

10769 NW 23 STREET
MIAMI FL 33172

Mailing Address

10769 NW 23 STREET
MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1064259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

MCKEE, CHRISTOPHER P
10769 NW 23 STREET
MIAMI FL 33172

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

Christopher J. McKee President

3/24/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CEO
NAME: MCKEE, CHRISTOPHER
STREET ADDRESS: 4651 NW 94TH COURT
CITY-ST-ZIP: MIAMI FL 33178 ☐ Delete

TITLE: DP
NAME: SMITH, THOMAS P
STREET ADDRESS: 4651 NW 94TH COURT
CITY-ST-ZIP: MIAMI FL 33178 ☒ Delete

TITLE: CFO
NAME: SMITH, THOMAS P
STREET ADDRESS: 4651 NW 94TH COURT
CITY-ST-ZIP: MIAMI FL 33178 ☒ Delete

TITLE: S
NAME: MCKEE, MYRA L
STREET ADDRESS: 4651 NW 94TH COURT
CITY-ST-ZIP: MIAMI FL 33178 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME: Christopher McKee
STREET ADDRESS: 10050 NW 6th Terr.
CITY-ST-ZIP: Miami, FL 33172 ☒ Change ☐ Addition

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

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

TITLE:
NAME: Myra McKee
STREET ADDRESS: 10050 NW 6th Terr.
CITY-ST-ZIP: Miami, FL 33172 ☐ Change ☐ Addition

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

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 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 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:

Christopher J. McKee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05
Date

305
599-9814
Daytime Phone #