


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90151 016 ***150.00

DOCUMENT # P04000132672		
1. Entity Name DECO BLUE MAINTENANCE INC.		

Principal Place of Business 22180 D BOCA RANCHO DRIVE D BOCA RATON FL 33428	Mailing Address 22180 D BOCA RANCHO DRIVE D BOCA RATON FL 33428
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2. Principal Place of Business 10930 LAKEMORE LA Suite, Apt. #, etc. 103	3. Mailing Address 10930 LAKEMORE LA Suite, Apt. #, etc. 103
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1st MOORE CR2E034 (10/05)

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 20-1698475	Applied For <input type="checkbox"/> Not Applicable
Zip 33498	Country USA	Zip 33498	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARILYN, BONORA-A 22180 D BOCA RANCHO DRIVE D BOCA RATON FL 33428	
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7. Name and Address of New Registered Agent Name MARILYN A BONORA Street Address (P.O. Box Number is Not Acceptable) 10930 LAKEMORE LA 103 City BOCA RATON FL Zip Code 33498	
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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 Marilyn A. Bonora **MARILYN A. BONORA** **4/17/06**
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONORA, MARILYN 22180 D BOCA RANCHO DRIVE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARILYN BONORA 10930 LAKEMORE LA 103 BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marilyn A. Bonora **MARILYN A. BONORA** **4/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #