

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90018 027 ***150.00

DOCUMENT # P04000150356 1. Entity Name ELITE DECOR, INC.			
Principal Place of Business C/O DIEGO MEDINA 11933 SW 37TH TERRACE MIAMI, FL 33175		Mailing Address C/O DIEGO MEDINA 11933 SW 37TH TERRACE MIAMI, FL 33175	
2. Principal Place of Business 9531 FOUNTAINBLEAU BLVD Suite, Apt. #, etc. # 609		3. Mailing Address 9531 FOUNTAINBLEAU BLVD Suite, Apt. #, etc. # 609	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172		Country MIAMI-DADE	
4. FEI Number 20-1831136		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASTROFF, BARJA, KELLY & CO. 10300 SUNSET DRIVE SUITE 135 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name DAVID MEDINA Street Address (P.O. Box Number is Not Acceptable) 9531 FOUNTAINBLEAU BLVD # 609 City MIAMI FL Zip Code 33172	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3-10-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S MEDINA, DIEGO 11933 SW 37TH TERRACE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
P/D DAVID MEDINA 9531 FOUNTAINBLEAU BLVD # 609 MIAMI FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3-10-05 <small>Date Daytime Phone #</small>	