

**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT**

DOCUMENT # P05000007711

1. Entity Name
DECORATING WITH STYLE, INC.



Principal Place of Business
**445 GRAND BAY DR APT 509
KEY BISCAYNE, FL 33149**

Mailing Address
**445 GRAND BAY DR APT 509
KEY BISCAYNE, FL 33149**

FILED
Feb 05, 2007 08:00 AM
Secretary of State



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-2182188 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD STE 1050
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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

**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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TARAJANO, ANA MARIA 445 GRAND BAY DR APT 509 KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TUMMINELLO, ANA 170 ENGLISH TURN DR NEW ORLEANS, LA 70131 |
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U00000620226
02/09/07-80028-015 150.00

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IN THIS SPACE**

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:

Ana Maria Tarajano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 (305) 361 9506
Date Daytime Phone #