



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000018501</b> 1. Entity Name DECOREVE INTERIORS, INC.	
--	---

Principal Place of Business 10271 NW 46TH STREET SUNRISE, FL 33351	Mailing Address 10271 NW 46TH STREET SUNRISE, FL 33351
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
06182007 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-1998316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  KAREN B. SCHAPIRA, PA 7420 NW 5TH STREET SUITE 110 PLANTATION, FL 33317
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ U000000766577  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 06/22/07-80003-013 150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANCO, BEKI 10271 NW 46TH STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANCO, DAVID 10271 NW 46TH STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:**  Beki Franco 6/18/07 914-275-3486  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #