

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-03-2006 90369 041 ***150.00

DOCUMENT # P05000041706

1. Entity Name

DECO GREENS OF SOUTH FLORIDA, INC.



Principal Place of Business
7229 NW 79TH TERRACE
MEDLEY FL 33166

Mailing Address
7229 NW 79TH TERRACE
MEDLEY FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **20-2545191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENICOLA, BRUNO D.
1181 STARLING AVE.
MIAMI SPRINGS FL 33166

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

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

(NOTE: Registered Agent signature required when re-registering)

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DENICOLA, BRUNO D.
STREET ADDRESS 1181 STARLING AVE.
CITY- ST- ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☒ Addition
NAME LETICIA C. DENICOLA
STREET ADDRESS 7229 NW 79 TERR.
CITY- ST- ZIP MEDLEY, FL. 33166

TITLE ☒ Delete
NAME SANABRIA, MAURICIO
STREET ADDRESS 7220 NW 36TH ST., STE. 605
CITY- ST- ZIP MIAMI FL 33166

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

TITLE ☒ Delete
NAME DEGREIF, CARLOS CORTEZ
STREET ADDRESS 7220 NW 36TH ST., STE. 605
CITY- ST- ZIP MIAMI FL 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-06 (305) 805-2400

Date

Daytime Phone #