

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000090021

1. Entity Name
DECO DRIVE CORPORATION



Principal Place of Business
269 NE 167TH ST
NORTH MIAMI, FL 33162

Mailing Address
269 NE 167TH ST
NORTH MIAMI, FL 33162

FILED
07 SEP 19 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-2679149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOHAMED, ABDALLA
890 NW 115 AVE
PLANTATION, FL 33325-1500

**DO NOT WRITE
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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
PDT
MOHAMED, ABDALLA
890 NW 115 AVE
PLANTATION, FL 333251500

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ABUBAKER, ABDELLATIEF
16306 N MIAMI AVE
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

09/20

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000109657880
09/19/07--01044--007 **150.00

**DO NOT WRITE
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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABDALLA MOHAMED
PRESIDENT

09/08/07

Date

Daytime Phone #

(305)
694-7276