

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90137 030 ***150.00

DOCUMENT # P06000109818

1. Entity Name
ART DECO CLASSICS, INC.



Principal Place of Business
**15760 S.W. 150TH AVENUE
MIAMI, FL 33187**

Mailing Address
**15760 S.W. 150TH AVENUE
MIAMI, FL 33187**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



03232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**J GARCIA AND ASSOCIATES, P.A.
4801 S UNIVERSITY DR
#302
DAVIE, FL 33328**

4. FEI Number
20-5438278

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
J. Garcia and Associates, PA
Street Address (P.O. Box Number is Not Acceptable)
7850 NW 146 ST # 402
City **Miami Lakes** FL Zip Code **33016**

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 *J. Garcia* (NOTE: Registered Agent signature required when reinstating) DATE **MARCH 27, 2007**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONCE-TEUTSCHER, MARIBEL 15760 S.W. 150TH AVENUE MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEUTSCHER, HENDRIKUS J 15760 S.W. 150TH AVENUE MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Hendrikus J. Teutscher* Date **March 27, 2007** Daytime Phone # **305-8983296**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR