2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114379

City-St-Zip:

LONGBOAT KEY, FL 34228

FILED Sep 05, 2008 Secretary of State

Entity Nan	ne: DECAR	O SOUTH REAL ESTATE AUCT	IONS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	H WASHING A, FL 34236	TON BLVD., SUITE 47					
Current Mailing Address:			New Maili	New Mailing Address:			
	H WASHING A, FL 34236	TON BLVD., SUITE 47					
FEI Number:	20-5487905	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
720 SOUTH	EIN, DAVID M H ORANGE A A, FL 34236		50 CENTR SUITE 700	SILBERSTEIN, DAVID M 50 CENTRAL AVENUE SUITE 700 SARASOTA, FL 34236 US			
The above in the State		submits this statement for the pu	urpose of changing i	ts registered	office or registered agent, or both,		
SIGNATURE:				09/05/2008			
	Electro	nic Signature of Registered Ager	nt		Date		
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the prior notic	e.			
OFFICERS	AND DIREC	CTORS:	ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTOR	₹S:	
Title: Name: Address: City-St-Zip:	DECARO, DAI	F THE FLOWERS, PMB 122	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	DPST (BROWN, BAR 7136 ASHLAN BRADENTON,	D GLEN	Title: Name: Address: City-St-Zip:	DECARO, DIA 29 AVENUE O	(X) Change () Addition ANA DF THE FLOWERS, PMB 122 KEY, FL 34228		
Title: Name: Address:	DECARO, DIA	() Delete NA F THE FLOWERS. PMB 122	Title: Name: Address:	(() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DIANA DECARO **PRES** 09/05/2008