


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90003 003 ***150.00

DOCUMENT # P06000149172

1. Entity Name
 DECO LIQUORS, INC.



Principal Place of Business: 5333 SW 153 PLACE, MIAMI, FL 33185 US

Mailing Address: 5333 SW 153 PLACE, MIAMI, FL 33185 US

2. Principal Place of Business - No P.O. Box #: 7271 NW 36 Street

3. Mailing Address: 7271 NW 36 Street

State, Apt. #, etc:


City & State: MIAMI FLA.

City & State: MIAMI FL

Zip: USA

Country: USA

40041998



03212007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-5996799

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

6. Name and Address of Current Registered Agent

PAVA, MARCO A
 5333 SW 153 PLACE
 MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL _____

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. The corporation understands and accepts the obligations of registered agent.

SIGNATURE: _____

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 | | | |
|----------------------------|-------------------|---------------------------------|--|---|--|------------------------------|--|
| TITLE | PRES | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Add | |
| NAME | PAVA, MARCO A | | | NAME | | | |
| STREET ADDRESS | 5333 SW 153 PLACE | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | MIAMI, FL 33185 | | | CITY- ST- ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Add | |
| NAME | PAVA, LILIANA | | | NAME | | | |
| STREET ADDRESS | 5333 SW 153 PLACE | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | MIAMI, FL 33185 | | | CITY- ST- ZIP | | | |
| TITLE | SECT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Add | |
| NAME | PAVA, MARCO A | | | NAME | | | |
| STREET ADDRESS | 5333 SW 153 PLACE | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | MIAMI, FL 33185 | | | CITY- ST- ZIP | | | |
| TITLE | TREA | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Add | |
| NAME | PAVA, MARCO A | | | NAME | | | |
| STREET ADDRESS | 5333 SW 153 PLACE | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | MIAMI, FL 33185 | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Add | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Add | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |

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 subsequent report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am the officer or director of the corporation or the incorporator 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marco A. Pava MARCO A. PAVA 3/24/07

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR