2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000150133

1. Entity Name
DECO DRIVE BEAUTY SUPPLIES OF MIAMI INC

Principal Place of Business	Mailing Address
19922 NW 2 AVE MIAMI, FL 33169 US	19922 NW 2 AVE MIAMI, FL 33169 US

DO NOT WRITE IN THIS SPACE

03312008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
83-0470653	Not Applicable

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

6. Name and Address of Current Registered Agent

MUHAMED, ABDALLA
19922 NW 2 AVE
MIAMI, FL 33169

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

U00000941069
05/28/08-80092-006 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MUHAMED, ABDALLA
STREET ADDRESS	19920 NW 2 AVE
CITY-ST-ZIP	MIAMI, FL 33169

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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 like empowered.

ABDALLA MOHAMED
President

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08
Date

(305) 651-9955
Daytime Phone #