

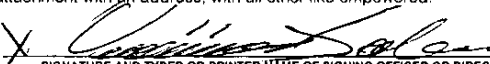


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90184 047 \*\*\*150.00

<b>DOCUMENT # P07000096909</b> 1. Entity Name <b>NEW YORK STYLE DECORATION AND FABRIC CORP</b>			
Principal Place of Business <b>1434 RIDGE ST</b> <b>KISSIMMEE, FL 34744 US</b>		Mailing Address <b>1434 RIDGE ST</b> <b>KISSIMMEE, FL 34744 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1418 OSCEOLA PKWY</b> Suite, Apt. #, etc.		3. Mailing Address <b>1418 OSCEOLA PKWY</b> Suite, Apt. #, etc.	
City & State <b>KISSIMMEE, FL</b> Zip <b>34744</b>		City & State <b>KISSIMMEE, FL</b> Zip <b>34744</b>	
4. FEI Number <b>26-0810877</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SANTOS, MARIA</b> <b>3199 WAX MYRTLE CT</b> <b>KISSIMMEE, FL 34744</b>		7. Name and Address of New Registered Agent Name <b>OMAIRA VILLAMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1418 OSCEOLA PKWY</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34744</b>	
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:  DATE: <b>2/19/08</b> <small>Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>SANTOS, MARIA</b> STREET ADDRESS <b>3199 WAX MYRTLE CT</b> CITY - ST - ZIP <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>VILLAMAN, OMAIRA</b> STREET ADDRESS <b>3906 SHORE VIEW DR</b> CITY - ST - ZIP <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete	TITLE <b>P/T/S</b> NAME <b>OMAIRA VILLAMAN</b> STREET ADDRESS <b>1418 OSCEOLA PKWY</b> CITY - ST - ZIP <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<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  	<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  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/19/08</b> Daytime Phone #: <b>407-935-1212</b>	