


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90245 034 \*\*\*150.00

<b>DOCUMENT # P07163</b> 1: Entity Name DECOMA INVESTMENT, INC. I	
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Principal Place of Business 501 E. CAMINO REAL BOCA RATON, FL 33432 US	Mailing Address 501 E. CAMINO REAL BOCA RATON, FL 33432 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01132004 Chg-P	CR2E034 (10/03)
4. FEI Number 76-0154871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
AMERICAN INFOMATION SERVICES INC. ONE SE 3RD AVE 27TH FLOOR MIAMI, FL 33131

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHON, RICHARD C. <input checked="" type="checkbox"/> Delete 450 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE, FL 33302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HANDLEY, RICHARD L <input type="checkbox"/> Delete 450 E LAS OLAS BLVD, STE 1500 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOOR, WAYNE <input type="checkbox"/> Delete 501 E CAMINO REAL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FINOCCHIARO, MARY JO <input type="checkbox"/> Delete 501 E CAMINO REAL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEDER, DAVID S <input type="checkbox"/> Delete 501 E CAMINO REAL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D HANDLEY, RICHARD L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 450 E. LAS OLAS BLVD, #1500 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOOR, WAYNE 501 E CAMINO REAL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FINOCCHIARO, MARY JO 501 E. CAMINO REAL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STIRK, ROBERT 501 E. CAMINO REAL BOCA RATON, FL 33432

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** MaryJo Finocchiaro *MaryJo Finocchiaro* 561-447-5302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #