## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P09249** 05-03-2005 90118 011 \*\*\*150.00 1. Entity Name DECOMA INVESTMENT, INC. II Principal Place of Business Mailing Address 4000064V 501 E. CAMINO REAL PO BOX 5025 CORPORATE OFFICE CORPORATE OFFICE BOCA RATON, FL 33432 BOCA RATON, FL 33431 US 2. Principal Place of Business 3. Mailing Address 501 E. CAMINO Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For KATON 7 Boca 76-0156358 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 3RD AVENUE 27TH FLOOR MIAMI, FL 33131 City Zip Code 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change Addition TITLE TITLE JONATHAN D.GRAY BYS PARK AVENUE FEDER, DAVID S NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP YORK NA CITY-ST-ZIP 10154 TITLE VSD M Delete TITLE Change Addition I Stein william HANDLEY, RICHARD L NAME NAME 345 PARK AVENUE STREET ADDRESS 450 E. LAS OLAS BLVD., #1500 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP Addition A Delete TITLE Change TITLE WG DON YEH MOOR, WAYNE NAME NAME 345 STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE Delete TITLE Change Addition FINOCCHIARO, MARY JO NAME NAME 501 E. CAMINO REAL STREET ADDRESS STREET ADDRESS CITY-ST-7/P BOCA RATON, FL 33432 CITY-ST-ZIP Delete TITLE □ Change Addition TITLE STIRK, ROBERT NAME NAME 501 E. CAMINO REAL STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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

**FILED** 

May 03, 2005 8:00 am

as third puty harayent agent

SIGNATURE: