FILED
Apr 20, 2005 08:00 A
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000052675

1. Entity Name
DECI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2020 N. FLAMINGO RD. PEMBROKE PINES, FL 33028 US	2020 N. FLAMINGO RD. PEMBROKE PINES, FL 33028 US

DO NOT WRITE IN THIS SPACE

04132005 No Chg-P CH2E034 (10/03)

4. FEI Number
65-0427172
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELIAS, JOHN ESQ
2000 EAST 4TH AVENUE
HIALEAH, FL 33010

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	SANTIAGO, ELIAS
STREET ADDRESS	2020 N. FLAMINGO RD.
CITY ST ZIP	PEMBROKE PINES, FL 33028
TITLE	T
NAME	TAMARGO, MARIA
STREET ADDRESS	2000 EAST 4TH AVENUE
CITY ST ZIP	HIALEAH, FL 33010
TITLE	S
NAME	SANTANA, MERCEDES
STREET ADDRESS	2000 EAST 4TH AVENUE
CITY ST ZIP	HIALEAH, FL 33010
TITLE	T
NAME	PEREZ, MILAGROS
STREET ADDRESS	2020 N. FLAMINGO RD.
CITY ST ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Milagros Perez, Treasurer 4/18/05 954-602-1926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MILAGROS Perez