## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: \_\_v

## FILED Apr 16, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT			S	orrets	ry of State
	MENT # P930000780			50		iry or State	
1. Entity Nan DECO Bi	ne EACH REĀLTY CORPORATĪ						
}							
Principal Plac	e of Business	Mailing Address	<u> </u>	-			
1775 JEFFE	RSON AVE. H, FL 33139	- 1775 JEFFERSON AVE. MIAMI BEACH, FL 33139		(			
WINNI BLAG	11, 12 33133	MINIMI DENOTI, 1E 33133		 	n inida 1112 abili noti na	72) <b>- 11</b> 2   112   12   12   12   12   12   1	itt miniom mällor limining at anni
		<u> </u>					
ļ				244000	No Oton D	^Doca	04/40/00
∣ r	O NOT WRITE	N THIS SPA	CF	01142005	No Chg-P	URZEU	34 (10/03)
	O NOT WHITE	111 11110 0174	Termit	4. FEI Number 65-045			Applied For Not Applicable
				5. Certificate	of Status Desired		\$8.75 Additional Fee Regulred
	6. Name and Address of Current R		<u> </u>		<u>.</u>		
CRONIG, STEVEN C				no	NOT W	RITE	<b>~</b>
	Y STREET SUITE 307 TINENTAL PLAZA		DO NOT WRITE				
COCONUT GROVE, FL 33133			IN THIS SPACE				
	named entity submits this statement for t		d - 10"		the in the State of D	, original larger	and a canal
	e named entity submits this statement for t tions of registered agent.	ne purpose of changing its register	ea office of register	ed agent, or no	in, in the state of Fi	onoa. rami	атшаг with, анд ассерт
SIGNATURE.	Signature, typed or printed name of registered agent and	Hits if apply able ONOTE Provider	d Agant signature required	(when remetating)	<u> </u>	DATE	
<u> </u>	Signature, typed by printed marie or registered agent and	<del></del>		<del></del>	<u> </u>		
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.				.00 May Be ed to Fees	Voooo	0310574	ł
10.	OFFICERS AND D	RECTORS	I		04/18/05	-80010-	-012 158.75
TITLE NAME	PDT DAVENPORT, GARY		}				
STREET ADDRESS	1775 JEFFERSON AVE.		Ì				
CITY-\$T-ZIP	MIAMI BEACH, FL 33139	<u></u>	1				
TITLE NAME	VPDS KEMP, IMAD W	•					
STREET ADDRESS	1775 JEFFERSON AVE.	-	ļ.				
CITY-ST-ZIP	MIAMI BEACH, FL 33139	<u>,                                     </u>					•
TITLE			I				
NAME Street address			l	<b>5</b> 0	NOT W	5 T~ 1~T~ T	<del></del>
CITY-ST-ZIP		19 <del>7</del> - 197 - 198 - 198		DO	NOT W	/KIIC	***
TITLE			1	IN T	THIS SE	PACE	• •
NAME STREET ADDRESS	}						-
CITY-SI-ZIP		→ 5 TBS	_				
TITLE			]				
NAME CTREET ADDRESS			}				
STREET ADDRESS CITY+ST-ZIP		Articological de Santa	_			-	
TITLE							
NAME STREET ARRESS			Į.				

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 it made under eath, 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.

Date

Daylime Phone #

SIGNATURE AND TYPED OR PRINTED THATE OF SIGNING OFFICER OR DIRECTOR