


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P95000092057 1. Entity Name BAYER DECOR, INC.	
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Principal Place of Business 10324 BOCA BEND WEST #J-2 BOCA RATON, FL 33428	Mailing Address 10324 BOCA BEND WEST #J-2 BOCA RATON, FL 33428
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DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0624468	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAYER, WAYNE D
10324 BOCA BEND WEST #J-2
BOCA RATON, FL 33428**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

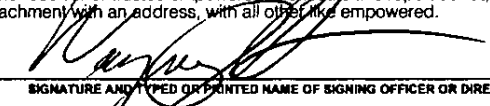
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000886819 04/18/08-80073-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV BAYER, WAYNE D 10324 BOCA BEND WEST #J-2 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYER, WAYNE D 10324 BOCA BEND WEST #J-2 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAYER, SUZANNE S 10324 BOCA BEND WEST #J-2 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **4/6/08** **561-866-4006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #