FROM :SPEEDYPARALEGALSERVICES FAX NO. :3058598607

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Secretary of State
05-04-2005 90132 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000035968

1. Entity Name
DECO DRYWALL INCORPORATED

Principal Place of Business	Mailing Address
10732 SW 143RD AVE. MIAMI, FL 33186	10732 SW 143RD AVE. MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0659618
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $$8.75$$ Additional

6. Name and Address of Current Registered Agent

LUIS, KUMAN A
13460 SW 81 ST
MIAMI, FL 33018

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

FILE NOW!!! FEE IS $150.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUMAN, LUIS
STREET ADDRESS	10732 SW 143RD AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 electronic 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: _____ 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED AS INDICATED