

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90053 049 ***150.00

DOCUMENT # P96000073172

1. Entity Name

LES DECORS INTERNATIONAL CORPORATION OF MIAMI



Principal Place of Business

10185 COLLINS AVE.
1202
BAY HARBOUR FL 33154
US

Mailing Address

POB 546304
MIAMI BEACH FL 33154



2. Principal Place of Business - No P.O. Box #

1948 N.E. 123rd Street
Suite, Apt. #, etc.
Suite 107

3. Mailing Address

P.O. Box 546304
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

North Miami - Florida

City & State

SURFSide - Florida

4. FEI Number

65-0690244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33181

Country

U.S.A.

Zip

33154

Country

U.S.A.

6. Name and Address of Current Registered Agent

BOHUSLAV, DORIS
10185 COLLINS AVE.
SUITE 1202
BAY HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name DORIS BOHUSLAV

Street Address (P.O. Box Number is Not Acceptable)

9499 COLLINS AVE.

Suite 206

City

SURFSide -

FL

Zip Code

33154

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOHUSLAV, DORIS
STREET ADDRESS 10185 COLLINS AVE. - SUITE 1202
CITY-ST-ZIP BAY HARBOUR FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-'07 - 305-866-9566 - 305-389-6505

Date

Daytime Phone #