

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000077368

1. Entity Name

LARRY DEITCH INTERIORS, INC.



Principal Place of Business

8198 GLADES ROAD
BOCA RATON, FL 33434 US

Mailing Address

8198 GLADES ROAD
BOCA RATON, FL 33434 US



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0700203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEITCH, LARRY
8198 GLADES ROAD 7
BOCA RATON, FL 33434

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000834249
02/28/08-80043-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEITCH, LARRY
STREET ADDRESS 8198 GLADES ROAD
CITY-ST-ZIP BOCA RATON, FL

TITLE SD
NAME DEITCH, RENEE
STREET ADDRESS 8198 GLADES ROAD
CITY-ST-ZIP BOCA RATON, FL

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee Deitch

Date

2/19/08 561-482-3299

Daytime Phone #