


2007 FOR PROFIT CORPORATION ANNUAL REPORT

10f2

DOCUMENT # P97000008010		
1. Entity Name DECO PROPERTY MANAGEMENT, INC.		

FILED
07 AUG -9 AM 10: 57

STATE
E, FLORIDA

Principal Place of Business 1380 STILL WATER DR. MIAMI BEACH, FL 33141	Mailing Address 1380 STILL WATER DR. MIAMI BEACH, FL 33141
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08012007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0725905	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BETANCOURT, FRANCISCO J 1380 STILL WATER DR. MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO J BETANCOURT 1380 STILL WATER DR. MIAMI BCH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000108026430 08/14/07--01010--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

08/09/2007 7865472640
Date Daytime Phone #

2082

**DECO PROPERTY MANAGEMENT, INC.
1380 STILLWATER DRIVE
MIAMI BEACH, FL 33141**

July 26, 2007

Florida Department of State
Secretary of State
Division of Corporation

Gentlemen:

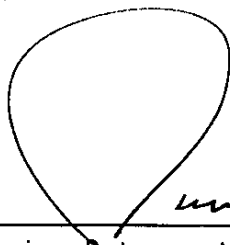
I am in receipt of your notice of intent to dissolve my Corporation of reference.
Please be advised that I mailed individual checks in the amount of \$150.00 each, in payment of the Annual Report of my 3 Corporations. The checks were mailed together in the same envelope. Therefore, it is impossible you received two checks and one was missing. I consider that the check was misplaced in your office.

Enclose please find another check for \$150.00 to cover the Annual Report, regarding the penalty I respectfully request to be abated since it was not my fault to misplace the check.

Enclose also please find photocopies of the checks that were mailed together in the same envelope and the check stub of the check missing.

Your kind attention to this matter will be highly appreciated.

Very truly yours,



Francisco Betaucourt - Pres.