

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000021587 1. Entity Name DECOR SOLUTION, INC.	
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Principal Place of Business 5403 NW 74TH AVENUE MIAMI, FL 33166	Mailing Address 365 NW 85 CT., #5 MIAMI, FL 33126
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02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736560	Applied For ☒ Not Applicable
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5. Certificate of Status Declared ☒ ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANCHEZ, SERGIO F 365 NW 85 CT., #5 MIAMI, FL 33126

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, 2006 Fee will be \$550.00**

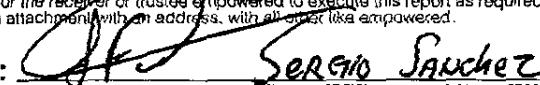
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000501778
04/25/06-80079-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, SERGIO F 365 NW 85 CT., #5 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, GRISELDA 365 NW 85 CT., #5 MIAMI, FL 33126
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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 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

3-11-06
Date

(305) 887-4041
Daytime Phone #