

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90016 016 ***150.00

DOCUMENT # P98000041906

1. Entity Name

CHERYL A. DECKER-MUISE AND ASSOCIATES, CO.



Principal Place of Business

15715 SOUTH DIXIE HWY
SUITE 221
MIAMI FL 33157

Mailing Address

7860 SW 170TH ST
MIAMI FL 33157

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

9703 S. Dixie Hwy.
Suite, Apt. #, etc.
204 B

3. Mailing Address

8970 Hwy 105 S
Suite, Apt. #, etc.
1

City & State

Miami FL

City & State

Boone, NC

Zip

33156

Country

USA

Zip

28607

Country

USA

4. FEI Number

65-1011707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

DECKER-MORETZ, CHERYL
15715 S. DIXIE HWY
SUITE 221
PALMETTO BAY FL 33157

7. Name and Address of New Registered Agent

Name: Cheryl A. Decker-Moise
Street Address (P.O. Box Number is Not Acceptable):
9703 S. Dixie Hwy.
Suite 204 B
City: Miami FL Zip Code: 33156

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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: D ☒ Delete
NAME: DECKER-MUISE, CHERYL A
STREET ADDRESS: 1390 SOUTH DIXIE HWY STE 1304
CITY-ST-ZIP: CORAL GABLES FL 33146-2944

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

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

TITLE: ☐ Delete
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CITY-ST-ZIP:
☐ Change ☐ Addition

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Cheryl A Decker ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 9703 S. Dixie Hwy
CITY-ST-ZIP: Suite 204 B
Miami FL 33156

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

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08

305 969 2261