


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 012 ***550.00

DOCUMENT # P98000051157 1. Entity Name HOME DECOR, INC.			
Principal Place of Business 407 LINCOLN ROAD SUITE 2A MIAMI BEACH, FL 33139		Mailing Address 407 LINCOLN ROAD SUITE 2A MIAMI BEACH, FL 33139	
2. Principal Place of Business 900 BAY DR 915		3. Mailing Address 900 BAY DR 915	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33141		Zip 33141	
4. FEI Number 65-0842950		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRATTON, DOUGLAS D ESQ. 407 LINCOLN ROAD SUITE 2A MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Geoff KOBIN Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD 900 BAY DR 915 City MIAMI BEACH FL Zip Code 33141	
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 X Geoffrey K. Kolin <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KOBIN, GEOFFREY 407 LINCOLN ROAD, SUITE 2A MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Geoffrey KOBIN 900 BAY DR 915 MIAMI BEACH FL 33141	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: X Geoffrey K. Kolin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

Attachment

57073389

Doc. # 98000051157

To Whom it May Concern,

9/12/04

Please have mercy — I now
have the \$ and mental strength,
to pay this debt. We all have
struggle with both Hurricane's Ivan
& Francis. Please don't disduce or
penalties — Zero business
this past month
Jeff Kabin