

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 03, 2007 8:00 am  
Secretary of State**

05-03-2007 90089 001 \*\*\*450.00

DOCUMENT # P98000061515

1. Entity Name  
DECOR STYLE FURNITURE CORPORATION



Principal Place of Business  
1470 N.W. 107 AVE. #W  
MIAMI, FL 33172

Mailing Address  
1470 N.W. 107 AVE. #W  
MIAMI, FL 33172

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
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
CLAVERIA, NINA 11374 NW 52 ST MIAMI, FL 33178			Name
			Street Address (P.O. Box Number is Not Acceptable)
			City
			FL

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, 2007 Fee will be \$550.00		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	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

4-30-07 305  
2161419  
Date  
Daytime Phone #