



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90071 035 \*\*\*150.00

<b>DOCUMENT # P98000071078</b> 1. Entity Name DECORATIFS OF BREVARD, INC.					
Principal Place of Business <del>820 E. NEW HAVEN AVE.</del> <b>817 E. Strawbridge</b> SUITE #2 MELBOURNE, FL 32901		Mailing Address <del>820 E. NEW HAVEN AVE.</del> <b>817 E. Strawbridge</b> SUITE #2 MELBOURNE, FL 32901			
2. Principal Place of Business <b>817 E. Strawbridge</b> Suite, Apt. #, etc. <b>#2</b>		3. Mailing Address <b>817 E. Strawbridge</b> Suite, Apt. #, etc. <b>#2</b>		<b>50065716</b> 	
City & State <b>Melbourne FL</b>		City & State <b>Melbourne FL</b>		4. FEI Number <b>59-3543928</b>	
Zip <b>32901</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERRANTE, CHARLOTTE</b> <b>820 EAST NEW HAVEN AVENUE</b> <b>MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	PD FERRANTE, CHARLOTTE <del>820 EAST NEW HAVEN AVENUE</del> <b>817 E. Strawbridge</b> MELBOURNE, FL 32901			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Charlotte Ferrante</u>				Date: <u>Sept. 1, 05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	