

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90031 046 \*\*\*150.00

**DOCUMENT # P99000018644**

1. Entity Name

NEW ART DECO CORPORATION



Principal Place of Business

501 BLUE HERON DRIVE  
319 A  
HALLANDALE FL 33009

Mailing Address

501 BLUE HERON DRIVE  
319 A  
HALLANDALE FL 33009

03060003



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3130 W. Pembroke Rd

3. Mailing Address

501 Blue Heron Drive

Suite, Apt. #, etc.

441

Suite, Apt. #, etc.

319A

City & State

Hallandale - FL

City & State

Hallandale FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. FEI Number

65-0918630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, HERALDO  
501 BLUE HERON DR., SUITE 319A  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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 PV ☐ Delete  
NAME ALVAREZ, HERALDO  
STREET ADDRESS 501 BLUE HERON DRIVE #319 A  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE T ☐ Delete  
NAME ALVAREZ, AMALIA  
STREET ADDRESS 501 BLUE HERON DRIVE #319A  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Amalia Alvarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/04

Date

954-983-7667

Daytime Phone #