


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000018644</b> 1. Entity Name <b>NEW ART DECO CORPORATION</b>	
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Principal Place of Business <b>3130 W PEMBROKE RD 441 HALLANDALE, FL 33009</b>	Mailing Address <b>501 BLUE HERON DRIVE 319 A HALLANDALE, FL 33009</b>
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**DO NOT WRITE IN THIS SPACE**



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0918630</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ALVAREZ, HERALDO 501 BLUE HERON DRIVE #319 A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, AMALIA 501 BLUE HERON DRIVE #319A HALLANDALE, FL 33009
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03/12/07-80004-006 150.00

**DO NOT WRITE  
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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:  02/24/07 954-454-1986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #