

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90249 016 \*\*\*158.75

**DOCUMENT # P99000068570**

1. Entity Name  
**ALPHA ART DECO CORP.**



Principal Place of Business  
**1001 N FEDERAL HWY  
STE 202  
HALLANDALE, FL 33009**

Mailing Address  
**P O BOX 350366  
FT LAUDERDALE, FL 33335-0366**

**24057994**



2. Principal Place of Business  
**2236 N. CYPRESS BEND DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**#505**

Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State  
**POMPANO BEACH FL**

City & State

4. FEI Number  
**65-0942826**

Applied For  
Not Applicable

Zip  
**33069**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDUC, REJEAN  
1001 N FEDERAL HWY  
SUITE 202  
HALLANDALE, FL 33009**

Name **JOANNE R. TRIVIZ**

Street Address (P.O. Box Number is Not Acceptable)  
**2238 N. CYPRESS BEND DR. #505**

City **POMPANO BEACH**

FL

Zip Code  
**33069**

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 **Joanne R. Triviz**  
Signature, typed or printed name of registered agent and title if applicable.

**JOANNE R. TRIVIZ**  
(NOTE: Registered Agent signature required when reinstating)

**4/26/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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  
ABELLAN, MARC  
12 BD FET1, JELOIT CURIE  
34120 PEZENAS FRANCE,** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Abellan Marc  
Domaine de Ste Paule  
34550 Bessan, France.** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ERILL, NATHALIE  
16 RUE DES FLEURS BLANCHES  
34300 AGDE FRANCE,** ☒ Delete

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

TITLE  
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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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04 (772) 380-9094**  
Date Daytime Phone #