

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068570

Entity Name: ALPHA ART DECO CORP.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

2236 N. CYPRESS BEND DR.
#505
POMPANO BEACH, FL 33069 US

Current Mailing Address:

P O BOX 350366
FT LAUDERDALE, FL 333350366

New Principal Place of Business:

4035 W MAC NAB ROAD
F101
POMPANO BEACH, FL 33069 US

New Mailing Address:

P O BOX 350366
FT LAUDERDALE, FL 33335 US

FEI Number: 65-0942826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIVIC, JOANNE R
2238 N. CYPRESS BEND DR.
#505
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

TRIVIZ, JOANNE R
4035 W MAC NAB ROAD
F101
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: TRIVIZ JOANNE

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABELLAN, MARC
Address: DOMAINE DE STE PAULE
City-St-Zip: 34550 BESSAN, FRANCE,

Title: S () Delete
Name: ERILL, NATHALIE
Address: 16 RUE DES FLEURS BLANCHES
City-St-Zip: 34300 AGDE FRANCE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ABELLAN, MARC
Address: DOMAINE DE STE PAULE
City-St-Zip: BESSAN, 34 34550 FR

Title: S (X) Change () Addition
Name: ERILL, NATHALIE
Address: 16 RUE DES FLEURS BLANCHES
City-St-Zip: AGDE, 34 34300 FR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABELLAN MARC

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date