


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90003 021 ***150.00

DOCUMENT # P01000024152

1. Entity Name
1438 DECOPLAGE, INC.



50003490

Principal Place of Business: **7 HERONS PLACE ISLEWORTH MIDDLESEX, ENGLAND, UK ENGLAND**

Mailing Address: **C/O SIMON & SIMON PA 9100 SO. DADELAND BLVD., STE. 504 MIAMI, FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-1084709

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**SPILL, JOY B
 9100 S DADELAND BLVD STE 504
 MIAMI, FL 33156-7815**

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 name change)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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 | PD GLASSBOROW, ANTHONY M 7 HERONS PLACE LION WHARF ROAD OLD ISLEWORTH MIDDLESEX, E6 TW77BE UK | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: _____ **4 JAN 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR