2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000024152

1. Entity Name
1438 DECOPLAGE, INC.

Principal Place of Business
7 HERONS PLACE
ISLEWORTH
MIDDLESEX ENGLAND, tw-77be

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

03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084709
Applied For
Not Applicable

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

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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.

FILED
Apr 05, 2006 08:00 AM
Secretary of State

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000493281
04/19/06-80100-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLASSBOROW, ANTHONY M
STREET ADDRESS	7 HERONS PLACE LION WHARF ROAD
CITY-ST-ZIP	OLD ISLEWORTH MIDDLESEX, UK TW77BE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ ANTHONY GLASSBOROW 25 MARCH 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PHONE: +44 208 758067