

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 014 ***150.00



DOCUMENT # J31724

1. Entity Name

FLORIDA MASTER CARPET CORP.

Principal Place of Business

18030 S DIXIE HWY
 18030 S.DIXIE HWY.
 PERRINE FL 33157
 US

Mailing Address

18030 S DIXIE HWY
 18030 S.DIXIE HWY.
 PERRINE FL 33157
 US



2. Principal Place of Business - No P.O. Box #

10662 SW. 186 ST.

3. Mailing Address

10662 SW. 186 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

MIAMI, FL

City & State

MIAMI, FL.

4. FEI Number

59-2712591

Applied For
 Not Applicable

Zip

33157

Country

DADE

Zip

33157

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, OMAR
 18030 S.DIXIE HWY.
 PERRINE FL 33157

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 coin, 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 rechartering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GONZALEZ, OMAR	18030 S DIXIE HWY	PERRINE FL	<input type="checkbox"/>
S	GONZALEZ, MARTHA	18030 S DIXIE HWY	PERRINE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	GONZALEZ, OMAR	10662 SW. 186 ST.	MIAMI, FL. 33157	<input type="checkbox"/>	<input type="checkbox"/>
S.	GONZALEZ, MARTHA	10662 SW. 186 ST.	MIAMI, FL. 33157	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR GONZALEZ

Date

3/8/08

Daytime Phone #