

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90037 001 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                       |                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # K82338</b><br>1. Entity Name<br><b>F AND A CARPET SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                       |                                                   |  |
| Principal Place of Business<br><b>395 NW 170 ST</b><br><b>MIAMI, FL 33169 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                       | Mailing Address<br><b>395 NW 170 ST</b><br><b>MIAMI, FL 33169 US</b>                                                               |  |
| 2. Principal Place of Business<br><b>2356 W 80 ST</b><br>Suite, Apt. #, etc.<br><b># 4</b><br>City & State<br><b>HALEAH FL</b><br>Zip<br><b>33014</b> Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 | 3. Mailing Address<br><b>19823 NW 64 PL</b><br>Suite, Apt. #, etc.<br>City & State<br><b>MIAMI FL</b><br>Zip<br><b>33015</b> Country<br><b>US</b> |                                                                                                                                                                                                                                       |                                                                                                                                    |  |
| 4. FEI Number<br><b>65-0130777</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VALDES, FERNANDO</b><br><b>19223 NW 64 PL</b><br><b>MIAMI, FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                       |                                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                               |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>VALDES, FERNANDO</b><br><b>19823 NW 64 PL</b><br><b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>VALDES, ANA</b><br><b>19823 NW 64 PL</b><br><b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete      |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| 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. |                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                       |                                                                                                                                    |  |
| <b>SIGNATURE: <i>Fernando Valdes</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                                                                                                                   | <b>8/10/06</b><br><small>Date</small>                                                                                                                                                                                                 |                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                                                   | <b>305-628-1300</b><br><small>Daytime Phone #</small>                                                                                                                                                                                 |                                                                                                                                    |  |