

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79291

1. Entity Name
SOUTH FLORIDA CARPETS, INC.
Senoma, inc.

Principal Place of Business
1925 NW 18TH ST
POMPANO BEACH FL 33069
US

Mailing Address
1925 NW 18TH ST
POMPANO BEACH FL 33069
US

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State

4. FEI Number 65-0053483 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SEEGER, SHANNON E
1034 NW 121 LANE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
Name: M & W AGENTS, INC., a Florida corporation
Street Address (P.O. Box Number is Not Acceptable): 2101 Corporate Blvd, Ste 107
City: Boca Raton FL Zip Code: 33431

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, and hereby agree to change in new filing.

SIGNATURE: *[Signature]* ROBERT A. CHAVES, Secretary

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD	NAME: ROBERTS, RAYMOND A. STREET ADDRESS: 800 SW CYPRESS WAY CITY-ST-ZIP: BOCA RATON FL	TITLE:	NAME: <i>Chief of operations</i>
TITLE: VD	NAME: NORTH, JOSEPH C STREET ADDRESS: 4965 PURDUE DR CITY-ST-ZIP: BOYNTON BEACH FL 33438	TITLE:	NAME: <i>President</i>
TITLE: VD	NAME: SEEDER, KENNETH V. STREET ADDRESS: 1034 NW 121 LANE CITY-ST-ZIP: CORAL SPRINGS FL 33071	TITLE:	NAME:
TITLE: T	NAME: SEEGER, SHANNON E. STREET ADDRESS: 1034 NW 121 LANE CITY-ST-ZIP: CORAL SPRINGS FL 33071	TITLE:	NAME:
TITLE: S	NAME: CHARLOTTE, ROBERTS STREET ADDRESS: 800 SW CYPRESS WAY CITY-ST-ZIP: BOCA RATON FL	TITLE:	NAME: <i>Chief Executive Officer</i>
TITLE:	NAME:	TITLE:	NAME: <i>Jonathan May</i>
TITLE:	NAME:	TITLE:	NAME: <i>1724 Del Haven Drive</i>
TITLE:	NAME:	TITLE:	NAME: <i>Delray Beach, FL 33483</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **SIGNATURE REQUIRED** 4.14 03 954-979-6364

00049916

CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment

55049910

#M79291

As per your request, the registered agent has signed. You have received payment with original application.

Please call w/ questions.

Shannon Secze
954 970 6364