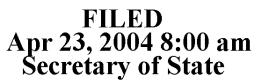
2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072248



S & S ORIENTAL RUGS INC FLORIDA				04-23-2004 90219 026 ***150.00		
Principal Place of Business 7458 W MCNAB RD N LAUDERDALE FL 33068		Mailing Address 7458 W MCNAB RD N LAUDERDALE FL 33068		 		
2. Principal P	lace of Business N MCNAR ROAD	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1129561	El Number 65-1129561 Applied For Not Applicable	
Zip	Country -	Zip	Country	5. Certificate of Status Desired \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	_a	
SALEM, RONNI 7588-W MCNAB RD 7542			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
N LAUDERDALE FL 33068						
			City	FL Zip	Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	l registered office or registe	ered agent, or both, in the State of Florida. I am familiar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating) , DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					55.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, RONNI A 7458 W MCNAB RD N LAUDERDALE FL 33068	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALDM, SHUKI 272 N. W. TIG L CD RALSPRING FL	A 100 □ Delete 330 71	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	ange 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE -NAME	, Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Cha	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	ange 🔲 Addition	

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:

4-19-04