


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 017 ***150.00

DOCUMENT # P02000014021

1. Entity Name
DARIO'S CARPET INC.



Principal Place of Business
**5507 SW 7TH STREET
 MARGATE, FL 33068**

Mailing Address
**5507 SW 7TH STREET
 MARGATE, FL 33068**

2. Principal Place of Business - No P.O. Box #
5631 S.W. 11 ST.

3. Mailing Address
5631 S.W. 11 ST.

Suite, Apt. #, etc.
APT # B

Suite, Apt. #, etc.
APT B.

City & State
~~**Margate FL**~~ ~~**Margate FL**~~


Zip
33068

Country
Broward

Zip
33068

Country
Broward

4003302



04042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**ORTIZ, CEZAR D
 5507 SW 7TH STREET
 MARGATE, FL 33068**

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 both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

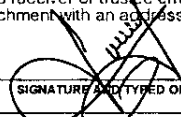
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, CEZAR D 5507 SW 7TH STREET MARGATE, FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5631 S.W. 11ST #B margate FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:  **Cesar D. Ortiz P.D.** **4/4/07** **(954) 907-0684**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #