## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 14, 2005 08:00 AM **DOCUMENT # P02000045759 Secretary of State** 1. Entity Name THE CARPET BOUTIQUE II, INC. Principal Place of Business\_ Mailing Address 4103 PONCE DE LEON 4103 PONCE DE LEON CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 50-0069186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, MANUEL P DO NOT WRITE 8511 S.W. 81 LANE MIAMI, FL 33143 \_ IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 1100000262136 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 03/14/05-80042-005 150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GONZALEZ, CLARA H NAME 8511 S.W. 81 LANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 TITLE GONZALEZ, MANUEL P NAME STREET ADDRESS 8511 SW 81 LANE MIAMI, FL 33143 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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.

**FILED** 

Daytime Phone 4