


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000055444**

1. Entity Name  
**CARPET MILLS OF AMERICA - FLORIDA, INC.**



Principal Place of Business  
 520 W. HIGHWAY 436  
 SUITE 1172  
 ALTAMONTE SPRINGS FL 32714

Mailing Address  
 520 W. HIGHWAY 436  
 SUITE 1172  
 ALTAMONTE SPRINGS FL 32714

*UM*



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**1919 N. PLANO ROAD**  
 Suite, Apt. #, etc.  
 City & State  
**GARLAND, TX**  
 Zip  
**75042**  
 Country  
**USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CAPITOL CORPORATE SERVICES, INC.**  
 1333 N. DUVAL STREET  
 TALLAHASSEE FL 32303

4. FEI Number  
**74-3044458**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
**ALMALLAH, RASMI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4520 36TH STREET**  
 City  
**ORLANDO, FL**  
 Zip Code  
**32812**

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]* DATE **1/17/03**

(NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>D ALMALLAH, RASMI</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1919 N. PLANO ROAD</b>	
CITY-ST-ZIP	<b>GARLAND TX 75042</b>	
TITLE NAME	<b>D ALMALLAH, WALEED</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1919 N. PLANO ROAD</b>	
CITY-ST-ZIP	<b>GARLAND TX 75042</b>	
TITLE NAME	<b>D ALMALLAH, RIAYD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1919 N. PLANO ROAD</b>	
CITY-ST-ZIP	<b>GARLAND TX 75042</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE: **Jan 17 03** 97235 1895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)