

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150704

FILED
Mar 08, 2005
Secretary of State

Entity Name: SANDORA CARPETING INC

Current Principal Place of Business:

4917 TRADEWINDS TERRACE
DANIA BEACH, FL 33004

New Principal Place of Business:

4917 TRADEWINDS TERRACE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

4917 TRADEWINDS TERRACE
DANIA BEACH, FL 33004

New Mailing Address:

4917 TRADEWINDS TERRACE
FORT LAUDERDALE, FL 33312

FEI Number: 20-1840401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDORA, BENJAMIN
4917 TRADEWINDS TERRACE
DANIA BEACH, FL 33009 US

Name and Address of New Registered Agent:

SANDORA, BENJAMIN
4917 TRADEWINDS TERRACE
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE:

03/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDORA, BENJAMIN
Address: 4917 TRADEWINDS TERRACE
City-St-Zip: DANIA BEACH, FL 33009

Title: VP () Delete
Name: SANDORA, NICHOLAS
Address: 4917 TRADEWINDS TERRACE
City-St-Zip: DANIA BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANDORA, BENJAMIN
Address: 4917 TRADEWINDS TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP (X) Change () Addition
Name: SANDORA, NICHOLAS
Address: 4917 TRADEWINDS TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN SANDORA

P

03/08/2005

Electronic Signature of Signing Officer or Director

Date