FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

10 DEC 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000069754

1. Entity Name

IDPM CARPET CORP

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2. Principal Place of Business - No P.O. Box #
840 CYPRESS PARK WAY

Suite, Apt. #, etc.
J

City & State
POMPANO BEACH, FL

Zip
33064

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E034B (11/08)

4. FEI Number
20-2824752

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
FERNANDA LOLA

Street Address (P.O. Box Number is Not Acceptable)
840 CYPRESS PARK WAY #J

City
POMPANO BEACH

FL

Zip Code
33064

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: Fernanda Lola
Signature required of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 12/14/10

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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	PRESIDENT
NAME	MARCO LACERDA
STREET ADDRESS	840 CYPRESS PARK WAY #J
CITY-ST-ZIP	POMPANO BEACH - FL - 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400188785754
12/17/10--01002--003 **550.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marco Aurelio Lacerda 12/14/10 (954)708-6021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #