

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039063

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: L & Y CARPET INC

**Current Principal Place of Business:**

106 FLORIDA PKWY  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

2429 ACADEMY CIR. E  
#206  
KISSIMMEE, FL 34744

**Current Mailing Address:**

106 FLORIDA PKWY  
KISSIMMEE, FL 34743

**New Mailing Address:**

2429 ACADEMY CIR. E  
#206  
KISSIMMEE, FL 34744

FEI Number: 26-2445300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALL ABOUT FINANCE AND MORE LLC  
1633 E VINE STREET  
SUITE 216  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DOMINGUEZ, LENIS M  
Address: 1006 FLORIDA PKWY  
City-St-Zip: KISSIMMEE, FL 34743 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DOMINGUEZ, LENIS M  
Address: 2429 ACADEMY CIR. E #206  
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LENIS M. DOMINGUEZ

P

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date