
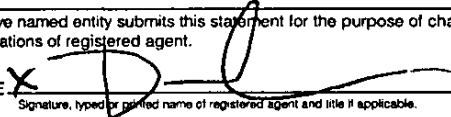
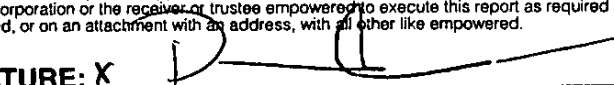


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90080 007 ***150.00

DOCUMENT # P98000034502 1. Entity Name CHEROKEE CARPET & TILE, INC.					
Principal Place of Business 3193 NW 118TH PLACE CORAL SPRINGS, FL 33065			Mailing Address 3193 NW 118TH PLACE CORAL SPRINGS, FL 33065		
2. Principal Place of Business 11656 NW 19 DRIVE		3. Mailing Address 11656 NW 19 DRIVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL		4. FEI Number 65-0827875	
Zip 33071		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33071		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROENTHAL, DAVID J 1006 TRAILMORE LANE FORT LAUDERDALE, FL 33326				7. Name and Address of New Registered Agent Name ROSENTHAL, DAVID J Street Address (P.O. Box Number is Not Acceptable) 1006 TRAILMORE LANE City WESTON FL Zip Code 33326	
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  DATE 2/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVIS, DENNIS 3193 NW 118 DRIVE CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVIS, DENNIS 11656 NW 19 DRIVE CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 2/23/05 X 954-796-7568 <small>Daytime Phone #</small>		