


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90086 037 \*\*\*150.00

**DOCUMENT # V44549**  
 1. Entity Name  
**ACE RUG WORKROOM OF BROWARD, INC.**



Principal Place of Business      Mailing Address  
**5045 NE 12TH AVE**      **5045 NE 12TH AVE**  
**FT LAUDERDALE, FL 33308**      **FT LAUDERDALE, FL 33308**

40002500



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5045 N.E. 12th Ave.**      **5045 N.E. 12th Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01072008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**OAKLAND PARK, FL**      **OAKLAND PARK, FL.**  
 Zip      Country      Zip      Country  
**33334**      **USA**      **33334**      **USA**

4. FEI Number      Applied For  
**65-0341825**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**FIALKOWSKI, FRED**  
**5045 NE 12TH AVE**  
**FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent  
 Name      **FRED FIALKOWSKY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5045 N.E. 12th Ave**  
 City      **OAKLAND PARK, FL**      Zip Code      **33334**

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: Fred Fialkowski      DATE: 1/10/08  
Signature, typed or printed name of registered agent, and file if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$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	<b>P</b> <b>FIALKORWSKY, FRED</b> <b>20978 SHADY VISTA LN</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FIALKOWSKY, FRED</b> <b>20978 SHADY VISTA LANE</b> <b>BOCA RATON, FL 33428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FIALKORWSKY, GLORIA</b> <b>20978 SHADY VISTA LN</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FIALKOWSKY, GLORIA</b> <b>20978 SHADY VISTA LANE</b> <b>BOCA RATON, FL 33428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred Fialkowski      Date: 1/10/08      Daytime Phone #: 954-771-5205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #