

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V44549

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC2647115768**

**Entity Name:** ACE RUG WORKROOM OF BROWARD, INC.

**Current Principal Place of Business:**

5045 NE 12TH AVE  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

5045 NE 12TH AVE  
FORT LAUDERDALE, FL 33334

**FEI Number:** 65-0341825

**Certificate of Status Desired:** No

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

FIALKOWSKY, FRED  
5045 NE 12TH AVE  
FORT LAUDERDALE, FL 33334 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FIALKOWSKY, FRED  
Address 20978 SHADY VISTA LANE  
City-State-Zip: BOCA RATON FL 33428

Title VP  
Name FIALKOWSKY, GLORIA  
Address 20978 SHADY VISTA LN  
City-State-Zip: BOCA RATON FL 33428

*I hereby 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 all other like empowered.*

**SIGNATURE:** GLORIA FIALKOWSKY

VP/OWNER

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date