

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90064 014 ***150.00

DOCUMENT # 354021 1. Entity Name FEDELIM'S CARPETS, INC.					
Principal Place of Business 5700 WASHINGTON ST. HOLLYWOOD, FL 33023			Mailing Address 5700 WASHINGTON ST. HOLLYWOOD, FL 33023		
2. Principal Place of Business - No P.O. Box # 7251 Peppertree Cir S Suite, Apt. #, etc.		3. Mailing Address 7251 Peppertree Cir S Suite, Apt. #, etc.			
City & State Davie, FL		City & State Davie, FL		4. FEI Number 59-1293368	
Zip 33314		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEDELIM, JOSEPH 5690 WASHINGTON ST. HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7251 Peppertree Cir S City Davie FL Zip Code 33314	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD FEDELIM, JOSEPH 5690 WASHINGTON STREET HOLLYWOOD, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7251 Peppertree Cir S Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEDELIM, CHRISTINE 5690 WASHINGTON STREET HOLLYWOOD, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7251 Peppertree Cir S Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:			4/19/07 954 551-5238 Date Daytime Phone #		