2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 20, 2006 08:00 AN Secretary of State **DOCUMENT # 440712** 1. Entity Name CARPET CREATIONS/TEXTILE ASSOCIATES, INC. Principal Place of Business Mailing Address 3930 N.E. 2ND AVE. MIAMI FL 33137 3930 N.E. 2ND AVE. MIAMI FL 33137 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1560141 Not Applicabl Ζip Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSEN, NEIL Street Address (P.O. Box Number is Not Acceptable) 3930 NE 2ND AVENUE MIAMI FL 33137 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fills if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ' HILE ☐ Delete TITLE ROSEN, ELIZABETH S MAME MAME STREET ADDRESS STREET ADDRESS 3930 NE 2 AVENUE (13/04/06-80014-018-150.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change \_\_\_\_ Addiβ Delete RRE NAME ROSEN, NEIL NAME STREET ADDRESS 3930 NE 2 AVENUE STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP MIAMI FL Change Delete T Art TITLE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change Astronomy NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Acc. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Ac. TITLE Delete TATLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic

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 directly in 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 if changed, or on an abachment with an address, with all other like empowered

SIGNATURE

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Daytime Phone II

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