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03 OCT 21 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 599226**

1. Entity Name  
**PENICHER CARPET CORP.**

Principal Place of Business  
4210 LAGUNA ST  
CORAL GABLES, FL 33146 US

Mailing Address  
4210 LAGUNA ST  
CORAL GABLES, FL 33146 US

2. Principal Place of Business  
**8430 N.W. 66 ST.**

3. Mailing Address  
**8430 N.W. 66 ST.**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**59-1876911**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PENICHER, C FELIPE  
4210 LAGUNA STREET  
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent  
Name  
**PENICHER, ROBERTO F.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8430 N.W. 66 STREET**  
N  
City  
**MIAMI** FL Zip Code  
**33166**

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 a registered agent.

SIGNATURE *[Signature]* **MILLIE PENICHER (VP)** **10/20/03.**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when necessary)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PENICHER, C. FELIPE 4210 LAGUNA STREET CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENICHER, TERESA A 4210 LAGUNA STREET CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENICHER, ROBERTO F 4210 LAGUNA STREET CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENICHER, MILLIE 8430 N.W. 66 STREET MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENICHER, ROBERTO F 8430 N.W. 66 STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(1), 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: *[Signature]* **MILLIE PENICHER** **(305) 445-0575**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #



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CHECK HERE IF MAKING CHANGES

CR20034 (10/02)