


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 645551</b> 1. Entity Name <b>SHORE-LINE CARPET SUPPLIES, INC. OF SOUTH DADE</b>		
Principal Place of Business <b>5741 DEWEY STREET HOLLYWOOD, FL 33023-8922</b>	Mailing Address <b>5741 DEWEY STREET HOLLYWOOD, FL 33023-8922</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LERNER, LAWRENCE 5741 DEWEY STREET HOLLYWOOD, FL 33023</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LERNER, LAWRENCE 5741 DEWEY STREET HOLLYWOOD, FL 33023</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GONZALEZ, MARIO 5741 DEWEY STREET HOLLYWOOD, FL 33023</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Lawrence Lerner</u> <u>2/28/06</u> <u>954-962-8666</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1955662**

Applied For
Not Applicable

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

1100000455363  
03/15/06-80053-017 150.00

**DO NOT WRITE  
IN THIS SPACE**