


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 645551	
1. Entity Name SHORE-LINE CARPET SUPPLIES, INC. OF SOUTH DADE	

Principal Place of Business 5741 DEWEY STREET HOLLYWOOD, FL 33023-8922	Mailing Address 5741 DEWEY STREET HOLLYWOOD, FL 33023-8922
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04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1955662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LERNER, LAWRENCE 5741 DEWEY STREET HOLLYWOOD, FL 33023	

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LERNER, LAWRENCE 5741 DEWEY STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIO 5741 DEWEY STREET HOLLYWOOD, FL 33023
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04/22/08-80079-009 150.00

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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: *X Lawrence Lerner* Lawrence Lerner, Pres. *X 4/7/08* *X 3056214801*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #