


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

3/3/2004-90013-039-\$61.25-\$61.25

FILED

04 MAR 23 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 683107 1. Entity Name CARPET SOURCE, INC					
Principal Place of Business 1855 GRIFFIN ROAD B-404 DANIA, FL 33004 US			Mailing Address 6401 SW 87 AVE 204 MIAMI, FL 33173 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2021055					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JORGE, JUAN C 1855 GRIFFIN ROAD B-404 DANIA, FL 33004					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP P JORGE, JUAN C. 1855 GRIFFIN ROAD, B404 DANIA, FL 33004			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Jorge, Catherine 1855 Griffin Road, # B404 Dania, FL 33004		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP S/T Manso, Arleem 742 NW 173 Terrace Pembroke Pines, FL 33029		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2-25-04 954-925.13 03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					