2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 683107

1. Entity Name
CARPET SOURCE, INC

Principal Place of Business	Mailing Address
1855 GRIFFIN ROAD B-404 DANIA, FL 33004 US	6401 SW 87 AVE 204 MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2021055	Not Applicable

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

6. Name and Address of Current Registered Agent

JORGE, JUAN C
1855 GRIFFIN ROAD
B-404
DANIA, FL 33004

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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
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	JORGE, JUAN C.
STREET ADDRESS	1855 GRIFFIN ROAD, B404
CITY-ST-ZIP	DANIA, FL 33004
TITLE	VP
NAME	JORGE, CATHERINE
STREET ADDRESS	1855 GRIFFIN ROAD, B404
CITY-ST-ZIP	DANIA, FL 33004
TITLE	ST
NAME	MANSO, ARLEEM
STREET ADDRESS	742 NW 173 TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/25/06-80036-012 150.00

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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: 1/17/06

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