DOCUMENT # F00626 1. Entity Name

CARMEL TEXTILES, INC.

Principal Place of Business

Mailing Address

171 SE 10TH AVENUE

171 SE 10TH AVENUE

FILED Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90186 024 ***150.00

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2. Principal I	Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Cuito Ana H at-				1 184118 141				ILT 01811 FCOF	
Suite, Apr. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT V	VRITE IN TH	IS SPACE		
City & Sta	te	···	City & State			4. 1	4. FEI Number 59-2023107 Applied For Not Applicable					
Zip	· · · · · · · · · · · · · · · · · · ·	Country	Zip	Zip Country		5. (Certificate of Status Desired See Required -					
	6. Name and	Address of Current F	Registered Agent			7. 1		Address of Ne	w Registere	•		1
					Name							1
	RK, ALAN	-		Street Address (P.O. Box Number is Not Acceptable)							┨	
	3 SW 132ND S1 MI FL 33156	1.										
IMITA	WI FE 33 130											l
					City		•••	·,	F	Zip Cod	е	1
8. The above	named entity suf	hmits this statement for	the purpose of changing it	e rogietor	od office or r	agistored ag	ant or both	in the Ctate of				┨
	That is a string out	omito tino diatament for	the purpose of changing it	s regist e r	ed office of t	egistered ag	ent, or both	, in the State of	Fiorida.			
SIGNATURE												
	Signature, typed or pri	nted name of registered agent ar	nd title if applicable. (NO	TE: Registere	d Agent signature	required when re	einstating)		DAT	<u> </u>		
9. This corpo	oration is eligible	to satisfy its Intangible	FILE NOW	FILE NOW!!! FEE IS \$150.00			I		~-			1
Tax filing requirement and elects to do so.			After MAY 1, 2	After MAY 1, 2001 Fee will be \$550.0				tion Campaign t Fund Contribu			O May Be I to Fees	
	ria on back)	OFFICERS AND D	Make Check Paya	ble to D	epartment	of State		r and comme	ACOTI.	- Addec	I IU Fees	
11.	Lizza	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
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NAME STREET ADDRESS	STARK, ALAN 6363 SW 132	NAM	_							3		
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	sertify that the lafe	ermation cupaling with a	nin filing done and available f			12: 0: 2	40.07/5100					
indicated	on this report or s	madon supplied With the	nis filing does not qualify fo	i ine exer	npuon stated	in Section 1	19.U7(3)(i),	⊢iorida Statute	s. I further c	ertify that the in	tormation	

injuicated 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SKNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR