2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2007 08:00 Al Secretary of State DOCUMENT # G87903 1. Entity Name TANQUERO CARPETS CORP. Principal Place of Business Mailing Addross 6023 SW 133 CT 6023 SW 133 CT **MIAMI FL 33183** MIAMI FL 33183 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, ctc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2358372 Not Applicable Ζip Country 7_{tD} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANQUERO, MARIA Street Address (P.O. Box Number is Not Acceptable) 6023 SW 133 CT MIAMI FL 33183 City Zip Code 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 in applicable. (NOTE: Registered Agent signature regulard when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00" Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD THE Delete TITLE ☐ Change ☐ Addition TANQUERO, MARIA D. NAME NAME U00000700941 04/20/07-80038-803 150.00 6023 SW 133 CT STHEET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-7IP Change DILE Delete DILE. Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIF CITY-SI-7IP TITLE Delete IIILE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP THE ☐ Delete TITLE Change Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

305-385-4307

Daytime Phone #

FILED