## 2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **FILED** Apr 26, 2007 08:00 AM Secretary of State

	ANNUAL REPORT	
חחכ	IMENT # G97840	

1. Entity Name J.J. ĆARPET, INC.



Principal Place of Business

Mailing Address

8649 BOCA GLADES BLVD WEST BOCA RATON, FL 33434

8649 BOCA GLADES BLVD WEST BOCA RATON, FL 33434



04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2422290

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

JENKINS, JOSEPH P. 8649 BOCA GLADES BLVD WEST BOCA RATON, FL 33434



	named entity submits this statement for the patient of registered agent.	ourpose of changing its registere	ed affice or r	egistered agent, or bot	h, in the State of F	lorida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	f applicable. (NOTE: Registered	Agent signeture	required when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JENKINS, JOSEPH P. 8649 BOCA GLADES BLVD WEST BOCA RATON, FL 33434				7.4.5.4.53		
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TITLE NAME					<b>4 / 0</b> 5/09	707280096	<b>Spai</b> (150. 0

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP