


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 013 ***150.00

DOCUMENT # H18394 1. Entity Name ORIENTAL RUGS CENTER, INC.																																								
Principal Place of Business C/O BAHRAM AMINI 755 N.W. 72ND AVE., #10 MIAMI, FL 33126			Mailing Address C/O BAHRAM AMINI 755 N.W. 72ND AVE., #10 MIAMI, FL 33126																																					
2. Principal Place of Business - No P.O. Box # 92, N.E. 40 Street		3. Mailing Address Suite, Apt. #, etc. City & State MIAMI, FL.																																						
Suite, Apt. #, etc. City & State MIAMI, FL.		Suite, Apt. #, etc. City & State MIAMI, FL.		4. FEI Number 59-2555616																																				
Zip 33137		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																				
6. Name and Address of Current Registered Agent AMINI, BAHRAM 755 NW 72ND AVE #10 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 92, N.E. 40 STREET City MIAMI																																					
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.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PVTS AMINI, BAHRAM 755 NW 72ND AVE. #10 MIAMI, FL 33126 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS AMINI, BAHRAM 755 NW 72ND AVE. #10 MIAMI, FL 33126		<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 92, N.E. 40 STREET MIAMI, FL 33137 </td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 92, N.E. 40 STREET MIAMI, FL 33137														
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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: <u>AMINI BAHRAM</u> 5/16/08 (305) 261 78 47 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																								