

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 038 ***150.00

DOCUMENT # J24898

1. Entity Name

PAUL'S CARPET OF POMPANO, INC.



Principal Place of Business

365 SW 13TH AVE
POMPANO BEACH FL 33069
US

Mailing Address

% HENRY HERNANDEZ
2412 N. MIAMI AVE.
MIAMI FL 33127-4434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

31 N.W. 23RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33127

4. FEI Number

59-2672718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~HERNANDEZ, HENRY~~
365 SOUTHWEST 13TH AVENUE
POMPANO BEACH FL 33069

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, HENRY	
STREET ADDRESS	365 SW 13TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOKINIEMI, TOM	
STREET ADDRESS	365 SW 13TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. I hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #