2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K78732

1. Entity Name
CARLOS FLOORING CORP.

Principal Place of Business	Mailing Address
15420 SW 115 TERR	15420 SW 115 TERR
MIAMI, FL 33196-6314 US	MIAMI, FL 33196 US

DO NOT WRITE IN THIS SPACE

01232006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0128880		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TARRADELL, EUSEBIO
4840 NW 184 TER
MIAMI, FL 33055

DO NOT WRITE
IN THIS SPACE

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	DEMESTRE, CARLOS
STREET ADDRESS	15420 SW 115 TERR
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	DV
NAME	DEMESTRE, TERESITA
STREET ADDRESS	15420 SW 115 TERR
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000423649
02/18/06-80016-018 150.00

DO NOT WRITE
IN THIS SPACE

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: _____ VP   2/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #