

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90055 001 \*\*\*150.00  
05-13-2008 90055 002 \*\*\*\*\*8.75

**DOCUMENT # K82338**

1. Entity Name

F AND A CARPET SERVICES, INC.



Principal Place of Business

2356 WEST 80TH ST  
SUITE 4  
HIALEAH FL 33014  
US

Mailing Address

19823 NW 64TH PL  
MIAMI FL 33015  
US



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

2356 W 80 ST

3. Mailing Address

19823 NW 64 PL

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

MIAMI FL

Zip

33014

Country

US

Zip

33015

Country

US

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0130777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES, FERNANDO  
19223 NW 64 PL  
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

City

FL

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 (if applicable).

(NOTE: Registered Agent signature required when reappointing)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, FERNANDO	
STREET ADDRESS	19823 NW 64 PL	
CITY-STATE-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, ANA	
STREET ADDRESS	19823 NW 64 PL	
CITY-STATE-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

*Ana Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 628-1300