

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052979

1. Entity Name
 OSVALDO RIVERA CARPETS, LLC



Principal Place of Business

2519 NEWBOLT DR.
 ORLANDO, FL 32817-2625

Mailing Address

2519 NEWBOLT DR.
 ORLANDO, FL 32817-2625



04112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
 93-1335521

Applied For
 Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIVERA, OSVALDO
 2519 NEWBOLT DR.
 ORLANDO, FL 32817-2625

**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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME RIVERA, OSVALDO
 STREET ADDRESS 2519 NEWBOLT DR.
 CITY-ST-ZIP ORLANDO, FL 328172625

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100000318578
 04/20/05-80054-007 \$5.00

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Osvaldo Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/18/05

(407) 760-9412

DATE

Daytime Phone #