## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L22474

1. Entity Name

ABC CARPET MILL OUTLET, INC.



Principal Place of Business

5150 SW 48TH WAY

STE 613 DAVIE, FL 33314 US Mailing Address

5150 SW 48TH WAY

STE 613

DAVIE, FL 33314 US

FILED Mar 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE
----------------------------

 
 02282007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0157428
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETER LAZARUS 5150 SW 48 WAY #613 DAVIE, FL 33314 DO NOT WRITE IN THIS SPACE

			\d.	i" isaa ka kii s	was the second of the second o	and the second
	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or reg	istered agent, or bo	th, in the State of Florida. I am familiar w	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	i Agent signature r	equired when reinstating)	DATE	• • •
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution	icing	\$5.00 May Be Added to Fees	U00000655590	
10.	OFFICERS AND DIREC	CTORS		;		150.00
TITLE	D			for a people	03/13/07-80108-013 - % - * * * * * * * * * * * * * * * * *	
NAME	LAZARUS, RANDY		•			
STREET ADORESS CITY-ST-ZIP	5150 SW 48TH WAY STE 613 DAVIE, FL			7 t.	The same of the sa	s*
	D D		•			*
TITLE NAME	LAZARUS, PETER				Sales and the Company of the Company	,
STREET ADDRESS	5150 SW 48TH WAY STE 613				Sant Brown Street Control	
CITY-ST-ZIP	DAVIE, FL					
TITLE		0-a	1. 14 pt		ger and the second	
NAME					••	
STREET ADDRESS			,	חח	NOT WRITE	, , ,
CITY-ST-ZIP			<b>I</b>			1
TITLE NAME			Company of the	IN:	THIS SPACE	, , ,
STREET ADDRESS			, '	,		,
CITY-ST-ZIP					and the second of the second o	4 3 4
TITLE				31 10 10 Mr 33		* *
NAME			. B. co. 17			
STREET ADDRESS			of the Co		The second secon	**
CITY+ST-ZIP						
TITLE				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service State of the service of	, j.
NAME	l .		• ·			

12. I hereby certify that the information supplied with this filling 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 trusted 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 appropriate with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+S1-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

rolaslu

934 707 0070

Daytime Phone #