


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L87518
 1. Entity Name
EMAGICO ORIENTAL RUG COMPANY INCORPORATED



Principal Place of Business Mailing Address
1490 BISCAYNE BLVD. **1490 BISCAYNE BLVD.**
MIAMI, FL 33132 **MIAMI, FL 33132**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0204121 Not Applicable

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

6. Name and Address of Current Registered Agent
SHAKIB, JACOB
4275 MERIDIAN AVE
MIAMI, FL 33140

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAKIB, JOSEPH
STREET ADDRESS	1490 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	SEDIGHIM, SIAVOSH
STREET ADDRESS	1490 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	SHAKIB, JACOB
STREET ADDRESS	1490 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	SEDIGHIM, SIAMAC
STREET ADDRESS	1490 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIAVOSH SEDIGHIM 4/27/04 305-373-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #