

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87518

FILED
Jan 11, 2008
Secretary of State

Entity Name: EMAGICO ORIENTAL RUG COMPANY INCORPORATED

Current Principal Place of Business:

1490 BISCAYNE BLVD.
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1490 BISCAYNE BLVD.
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0204121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAKIB, JACOB
4275 MERIDIAN AVE
MIAMI, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAKIB, JOSEPH
Address: 1490 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SEDIGHIM, SIAVOSH
Address: 1490 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SHAKIB, JACOB
Address: 1490 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SEDIGHIM, SIAMAC
Address: 1490 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIAVOSH SEDIGHIM

D

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date