2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 16, 2004 08:00 AM Secretary of State DOCUMENT # P00000002151 AURELIO CARPET INC. Principal Place of Business Mailing Address 6323 SW 1ST STREET 6323 SW 1ST STREET MARGATE, FL 33068 MARGATE, FL 33068 03052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0971627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENJUMEA, AURELIO A DO NOT WRITE 6323 SW 1ST STREET MARGATE, FL 33068 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees U000000090039 -00014-021-150.00 OFFICERS AND DIRECTORS 10. TITLE 20 BENJUMEA, AURELIO MAME STREET ADDRESS 6323 SW 1ST STREET CITY-ST-ZIP MARGATE, FL 33068 33T3 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

 I hereby certify that the information seindicated on this report or supplement of the corporation or the receiver or the hanged, or on an attachment with the with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its 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 phowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if vith ali other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OH PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED