Apr-28-03 01:15P THESAURUS CORP

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Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90160 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (USR)

DOCUMENT # P00000062235

1. Entity Name
LANGENWALTER CARPET DYEING INC.

Principal Place of Business	Mailing Address
15841 PINES BLVD. #324 PEMBROKE PINES, FL 33027	15841 PINES BLVD. #324 PEMBROKE PINES, FL 33027

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1019228 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARRAGA, PAULINA 15841 PINES BLVD. #324 PEMBROKE PINES, FL 33027	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

[redacted]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PARRAGA, PAULINA 15841 PINES BLVD. #324 PEMBROKE PINES, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRAGA, PAULINA 15841 PINES BLVD. #324 PEMBROKE PINES, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: x Paulina Parraga
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)