2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # P000000 1. Entity Name PROFESSIONAL CARPET INST		
Principal Place of Business 5710 20TH AVE S	Mailing Address 5710 20TH AVE S	
TAMPA, FL 33619	TAMPA, FL 33619	

|--|

					04152008	No Chg-P	CR2E034 (11/05)
DO	NOT WRITE	IN	THIS	SPACE	4. FEI Number		A

59-3661713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

Applied For

_0.	Name and	WOOLA22 OL	Correct Medic	stered Whellt
		•		

PUERTO, JOSE A 5710 20TH AVE S TAMPA, FL 33619

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	ions of egistered agent.	UEZTO	ed office of reg	jisterad agent, or od	3/22/08
SIGNATURE.	Sizediure, typed or printed name of registered agent and little if app	plicable (NO1E: Registere	ed Agent signature re	quired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTO	PRS .			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVPS PUERTO, JOSE A 5710 20TH AVE S TAMPA, FL 33619	·*			U00000921245 05/14/08-80073-024 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
NAME STREET ADDRESS					000000921245 05/14/08-80073-025 8.75
CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
IITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP					•
indicated of the cor	on this report or supplemental report is true and	accurate and that my signat execute this report as requi	ture shall have	the same legal effect), Florida Statutes. I further certify that the information at as if made under oath; that I am an officer or director is, and that my name appears in Block 10 or Block 11 if