2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: V

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P01000044281 1. Fority Name 04-18-2008 90031 036 ***150.00 CORNERSTONE CARPET, INC. Principal Place of Business Mailing Address 10711 SW 104 STREET MIAMI FL 33176 12194 SW 128 ST MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10900 <u>SW 184 ST</u> 12194 SW 1st MOORE CR2E034 (10/07) 4. FELNoober Applied For 65-1108669 MIAMI MAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box DADEFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NACCARATO, NAT Street Address (P.O. Box Number is Not Acceptable) 10711 SW 104 STREET **MIAMI FL 33176** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Sunstane, typestry integration of togestived opens and the Fampicacle. /NOTE Fegistereo Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD PRESIDENT Delete TITLE Change NAME GANIS, MICHAEL NAME KISH, DAVID 12194 SW 128 STREET STREET ADDRESS 12194 SW 285T CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MIAMI, FL 33186 **VPD** ☐ Deiete TITLE ☐ Change Addition KISH, DAVID NAME STREET ADDRESS. 12194 SW 128 STREET STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NUME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 from the corporation of the receiver of the second of the corporation of the receiver of the second of the

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