

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90067 036 ***150.00

DOCUMENT # P02000016190

1. Entity Name

INNOVATIVE CARPET INSTALLATIONS INC.



Principal Place of Business

**3375 PINEWALK DR NORTH
#108
POMPANO BEACH FL 33063**

Mailing Address

**3375 PINEWALK DR NORTH
#108
POMPANO BEACH FL 33063**

02000103



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3375 PINEWALK DR N.

Suite, Apt. #, etc.

#108

City & State

MARGATE FL.

Zip

33063

Country

BROWARD

3. Mailing Address

3375 PINE WALK DR N.

Suite, Apt. #, etc.

#108

City & State

MARGATE FL.

Zip

33063

Country

BROWARD

4. FEI Number

01-0591617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HULLETT, LORI ANN
3375 PINE WALK DR NORTH #108
POMPANO BEACH FL 33063**

7. Name and Address of New Registered Agent

Name

SAME

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-04

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE - **PRESIDENT** ☒ Delete
NAME **SABADA, JAY**
STREET ADDRESS **3375 PINEWALK DR NORTH**
CITY-ST-ZIP **POMPANO BEACH FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JAY SABADA**
STREET ADDRESS **3375 PINEWALK DR N.**
CITY-ST-ZIP **MARGATE FL. 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 an other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04

954-414-6603