

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90461 024 ***150.00

DOCUMENT # P02000016190

1. Entity Name

INNOVATIVE CARPET INSTALLATIONS INC.



Principal Place of Business

3375 PINEWALK DR. NORTH
#108
MARGATE FL 33063

Mailing Address

3375 PINEWALK DR. NORTH
#108
MARGATE FL 33063



2. Principal Place of Business

141 SW 15TH ST

Suite, Apt. #, etc.

UNIT B

City & State

POMPANO BEACH FL.

Zip

33060

Country

BROWARD

3. Mailing Address

141 SW 15TH ST.

Suite, Apt. #, etc.

UNIT B

City & State

POMPANO BEACH FL.

Zip

33060

Country

BROWARD

1st MOORE

CR2E034 (10/04)

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

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 P
NAME SABADA, JAY ☒ Delete
STREET ADDRESS 3375 PINEWALK DR NORTH
CITY-ST-ZIP POMPANO BEACH FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition
NAME JAY SABADA
STREET ADDRESS 141 SW 15TH ST. UNIT B
CITY-ST-ZIP POMPANO BEACH FL. 33060

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

(954) 464-6603