

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000017688

1. Entity Name

PRESTIGE CARPET & TILE, INC.



Principal Place of Business

**2200 NORTH UNIVERSITY DR.
SUNRISE FL 33133**

Mailing Address

**2200 NORTH UNIVERSITY DR.
SUNRISE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

41-2084089

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

**HORN, CATHERINE
2200 N UNIVERSITY DR
SUNRISE FL 33322-3941**

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	HORN, CATHERINE	
STREET ADDRESS	2200 NORTH UNIVERSITY DR.	
CITY-STATE-ZIP	SUNRISE FL 33133	
TITLE	D	☐ Delete
NAME	HORN, RANDY	
STREET ADDRESS	2200 NORTH UNIVERSITY DR.	
CITY-STATE-ZIP	SUNRISE FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Add
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CITY-STATE-ZIP		

**1100000418130
02/13/06-80078-019 150.00**

12. I hereby 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 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: *Catherine Horn* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 954-747-884