2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000023544

1. Entity Name
MIAMI RUG SALES, INC.

Principal Place of Business	Mailing Address
834 W 72ND ST HIALEAH, FL 33014	834 W 72ND ST HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

02142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0558094	Not Applicable

5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, GUILLERMO J
834 W 72ND ST
HIALEAH, FL 33014

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IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

$5.00 May Be
Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	VAZQUEZ, GUILLERMO J
STREET ADDRESS	834 W 72ND ST
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	D
NAME	VAZQUEZ, NATIVIDAD DEJ.
STREET ADDRESS	834 W 72ND ST
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000829889
02/26/08-80061-005 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X _____   14-02 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #