

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90076 033 \*\*\*150.00

<b>DOCUMENT # P02000028740</b> 1. Entity Name <b>LUXURY CAR CARPETS, INC.</b>					
Principal Place of Business <b>18763 BISCAYNE BOULEVARD AVENTURA, FL 33180</b>			Mailing Address <b>18763 BISCAYNE BOULEVARD AVENTURA, FL 33180</b>		
2. Principal Place of Business <b>18759 BISCAYNE BLVD</b>		3. Mailing Address <b>18759 BISCAYNE BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>AVENTURA, FLORIDA</b>		City & State <b>AVENTURA, FLORIDA</b>			
Zip <b>33180</b>		Country <b>USA</b>		4. FEI Number <b>04-3631288</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent <b>LITTMAN, ERIC P 7695 SW 104TH STREET SUITE 210 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAITH, KEVIN 18763 BISCAYNE BOULEVARD AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAITH, KEVIN 18759 BISCAYNE BLVD AVENTURA, FL 33180
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD NEWBERG, DALE 18763 BISCAYNE BOULEVARD AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD NEWBERG, DALE 18759 BISCAYNE BLVD AVENTURA, FL 33180
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <b>KEVIN FAITH</b> <span style="float: right;">1/23/04 305 692 1940</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					