

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 010 ***150.00

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P02000028740 1. Entity Name LUXURY CAR CARPETS, INC. | | | |
| Principal Place of Business 18759 BISCAYNE BLVD MIAMI, FL 33180 | | Mailing Address 18759 BISCAYNE BLVD MIAMI, FL 33180 | |
| 2. Principal Place of Business 1933 TIGERTAIL BLVD Suite, Apt. #, etc. | | 3. Mailing Address 1933 TIGERTAIL BLVD Suite, Apt. #, etc. | |
| City & State DAVIA BEACH, FL | | City & State DAVIA BEACH, FL | |
| Zip 33004 | Country US | Zip 33004 | Country US |
| 4. FEI Number 04-3631288 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EINSTEIN, BERNARD ESQ. 801 NE 167TH ST. SECOND FLOOR NORTH MIAMI BEACH, FL 33162 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD NAME FAITH, KEVIN STREET ADDRESS 18759 BISCAYNE BLVD CITY-ST-ZIP AVENTURA, FL 33180 | <input type="checkbox"/> Delete | TITLE 18837 BISCAYNE BLVD STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SCD NAME NEWBERG, DALE STREET ADDRESS 18759 BISCAYNE BLVD CITY-ST-ZIP AVENTURA, FL 33180 | <input type="checkbox"/> Delete | TITLE 18837 BISCAYNE BLVD STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP | <input checked="" 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 |
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| 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. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| Date | | Daytime Phone # | |