

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80114661

DOCUMENT # P02000037569					
1. Entity Name HENRY'S CARPET & TILE, INC.					
Principal Place of Business 10745 SW 17 PLACE DAVIE, FL 33324		Mailing Address 10745 SW 17 PLACE DAVIE, FL 33324			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 601-1411844 846-814-2045		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
PACHECO, ELIZABETH 10745 SW 17 PLACE DAVIE, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning.)</small>					
<small>FILE AND FEE IS \$150.00 APRIL 15, 2003 8:00 AM Make Check Payable to Florida Department of State</small>		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACHECO, ELIZABETH		NAME		
STREET ADDRESS	10745 SW 17 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACHECO, CELIDA		NAME		
STREET ADDRESS	10745 SW 17 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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: <i>Elizabeth Pacheco</i>		Date: 4/21/03 94-201-9706			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Original Filed			

CFR0304 (10/02)