2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P02000048961 05-17-2004 90019 025 ***150.00 1. Entity Name VILLEGAS CARPET INSTALLATION, INC. Principal Place of Business Mailing Address 24076326 2233 NW 161 AVE. 8270 CLEARY BLVD #2713 PEMBROKE PINES, FL 33028 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address 1299 SE Suite, Apt. #, etc. Suite, Apt. #, etc 03052003 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0681311 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33004 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLEGAS ALEJANDEO VILLEGAS, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 2233 N.W. 161 AVE. PEMBROKE PINES, FL 33028 City 7 Zip Code ANIA Seach 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 d or printed name of registered ager (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be \Box Due by September 8, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 . OFFICERS AND DIRECTORS 10. 11. Change TITLE TITLE ■ Addition Delete ALEJANDRO NAME VILLEGAS, RÖBERTO NAME VILLEGAS 1299 SE 7 AVE # 104 FL 33004 2233 N.W. 16 AVENUE STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change Addition VILLEGAS, ALEJANDRO NAME MARKE STREET ADDRESS 1299 S.E. 7 AVE., #104 STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP TITLE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE 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)(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 lagdress, with all other like empowered. les. SIGNATURE: > ING OFFICER OR DIRECTOR