

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 012 ***150.00

DOCUMENT # P02000112326 1. Entity Name CHAVEZ CARPET INSTALLATIONS, INC.			
Principal Place of Business 5605 SUN VALLEY DR FORT PIERCE, FL 34951		Mailing Address 5605 SUN VALLEY DR FORT PIERCE, FL 34951	
2. Principal Place of Business - No P.O. Box # 458 Delmonico St. NE Suite, Apt. #, etc.		3. Mailing Address 458 Delmonico St. NE Suite, Apt. #, etc.	
City & State Palm Bay, FL Zip Country 32907 US		City & State Palm Bay, FL Zip Country 32907 US	
4. FEI Number 06-1652863		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 CHAVEZ, ALBERTO J 5605 SUN VALLEY DR FORT PIERCE, FL 34951		7. Name and Address of New Registered Agent Name chavez, Alberto. J. Street Address (P.O. Box Number is Not Acceptable) 458 Delmonico St. NE City Palm Bay FL Zip Code 32907	
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, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP	DP CHAVEZ, ALBERTO J 5605 SUN VALLEY DR FORT PIERCE, FL 34951	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST VASYLENKO, SVITLANA 5605 SUN VALLEY DR FORT PIERCE, FL 34951	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP chavez, Alberto J 458 Delmonico St. NE Palm Bay, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST vasylenko, svitlana 458 Delmonico St. NE Palm Bay, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	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	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 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:		Date 2/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	