


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000112326	
1. Entity Name CHAVEZ CARPET INSTALLATIONS, INC.	

Principal Place of Business 458 DELMONICO STREET NE PALM BAY, FL 32907	Mailing Address 458 DELMONICO STREET NE PALM BAY, FL 32907
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

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
458 DELMONICO STREET NE
PALM BAY, FL 32907**

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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 **ALBERTO CHAVEZ** DATE **4-27-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust, Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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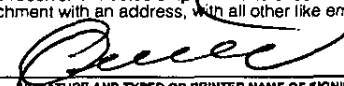
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAVEZ, ALBERTO J 458 DELMONICO STREET NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VASYLENKO, SVITLANA 458 DELMONICO STREET NE PALM BAY, FL 32907
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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:  **4-27-08** **954-347-69-37**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #