2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000004513 05-03-2004 91034 039 ***150.00 1. Entity Name D & W CARPETING, INC. Principal Place of Business Mailing Address 6911 WEST 36TH AVENUE APT. 203 6911 WEST 36TH AVENUE APT. 203 HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 PANEARIS 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State 05-0552326 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIBERTY BUSINESS SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 820 NW 103RD STREET HIALEAH GARDENS, FL 33016 8202 Zip Code 8. The (ve 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaring) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE Delete TITLE RODRIGUEZ, DARIO NAME RODRIGUZ, DARIO R PD NAME R 6911 WEST 36TH AVENUE APT. 203 STREET ADDRESS 6911 WEST 36TH AVENUE APT 203 STREET ADDRESS HIALEAH GARDENS, FL 33018 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME 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-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 of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attactor with an address, with all other like empowered. DARIOR KODRIGUEZ.

FILED