

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

02-18-2004 90002 043 ***158.75

DOCUMENT # P03000005426 1. Entity Name J. E. CARPET INSTALLATION, CORP.					
Principal Place of Business 512 WEST 79 PL HIALEAH FL 33014			Mailing Address 512 WEST 79 PL HIALEAH FL 33014		
2. Principal Place of Business 512 WEST 79 PL		3. Mailing Address HAUSE			
Suite, Apt. #, etc. HAUSE		Suite, Apt. #, etc. HAUSE			
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 550815270	
Zip 33014		Country DADE		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ESQUIVEL, JORGE 512 WEST 79 PL HIALEAH FL 33014			7. Name and Address of New Registered Agent 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 <u><i>Sau.7</i></u> DATE <u><i>2/12/04</i></u> <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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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 PD	NAME ESQUIVEL, JORGE		<input type="checkbox"/> Delete		TITLE _____
STREET ADDRESS 512 WEST 79 PL	CITY-ST-ZIP HIALEAH FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME _____
TITLE _____	NAME _____		<input type="checkbox"/> Delete		STREET ADDRESS _____
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP _____
TITLE _____	NAME _____		<input type="checkbox"/> Delete		TITLE _____
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME _____
TITLE _____	NAME _____		<input type="checkbox"/> Delete		STREET ADDRESS _____
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP _____
TITLE _____	NAME _____		<input type="checkbox"/> Delete		TITLE _____
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME _____
TITLE _____	NAME _____		<input type="checkbox"/> Delete		STREET ADDRESS _____
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 address, with all other like empowered.					
SIGNATURE: <u><i>Sau.7</i></u>			2/12/04 7862990303 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

60412018

P03000005426

The IRS address must appear in the window.

BODCD-SB*

0136762876

Use for payments

Letter Number: LTR0147C

Letter Date: 2004-03-17

Tax Period: 000000



550815270

INTERNAL REVENUE SERVICE

CINCINNATI OH 45999-0149



JE CARPET INSTALLATION CORP
512 W 79TH PL
HIALEAH FL 33014-4225123

550815270 CY

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