


**2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

32296

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90119 013 \*\*\*150.00

DOCUMENT # <b>PO 300005787</b>			
1. Entity Name <b>SF S' ORIENTAL RUGS INC - BROWARD</b>			
Principal Place of Business <b>7548 W MCNAB ROAD N. LAUDERDALE FL 33068</b>		Mailing Address	
2. Principal Place of Business <b>7548 W MCNAB RD</b>		3. Mailing Address <b>7548 W MCNAB RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>N LAUDERDALE FL</b>		City & State <b>N LAUDERDALE FL</b>	
Zip <b>33068</b>	Country <b>USA</b>	Zip <b>33068</b>	Country <b>USA</b>
4. FEI Number <b>APPLIED FOR</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RONNI A SALEM 7548 W MCNAB ROAD N. LAUDERDALE FL 33068</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 <b>NS. Ronni A Salem</b>		DATE <b>4/25/04</b>	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)	
<p><b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PRES RONNI A. SALEM 10284 N W 7th ST CORAL SPRINGS, FL 33071</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TREAS SHUKI SHALOM 272 N W 116 LANE CORAL SPRINGS, FL 33071</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <b>RONNI A SALEM</b>		DATE: <b>4/25/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CHECK HERE IF MAKING CHANGES

CR2E054 (1/01/02)