

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90259 025 ***150.00

DOCUMENT # P03000017901 1. Entity Name CARPET RX, INC.					
Principal Place of Business 4625 NW 90 AVENUE SUNRISE, FL 33351 US			Mailing Address 4625 NW 90 AVENUE SUNRISE, FL 33351 US		
2. Principal Place of Business 1037 SW Coleman Ave Suite, Apt. #, etc.		3. Mailing Address 1037 SW Coleman Ave Suite, Apt. #, etc.			
City & State Port Saint Lucie FL		City & State Port Saint Lucie FL		4. FEI Number 02-0681701	
Zip 34953		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENNIS, MARK D P 4625 NW 90TH AVENUE SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name Ennis Marc D Street Address (P.O. Box Number is Not Acceptable) 1037 SW Coleman Ave Port Saint Lucie City FL Zip Code 34953		
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>Marc C</i></u> 4/18/05 <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, 2005 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	P ENNIS, MARK 4625 NW 90TH AVENUE SUNRISE, FL 33351 <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	
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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>Marc C</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/05 (772) 240-5125 <small>Date Daytime Phone #</small>		

50042022



04182005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

Zip Code
34953

4/18/05
DATE