

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90199 019 ***158.75

DOCUMENT # P03000022189

1. Entity Name
SUPER CARPET CORPORATION



Principal Place of Business

3078 NW 79 ST
MIAMI, FL 33147

Mailing Address

3078 NW 79 ST
MIAMI, FL 33147

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

920 E 18 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, FL 33013

Zip

Country

Zip

Country



01042007

Chg-P

CR2E034 (12/06)

4. FEI Number
03-0509437

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, EMILIO
3078 NW 79 ST
MIAMI, FL 33147-4706

7. Name and Address of New Registered Agent

Name
ACOSTA, EMILIO
Street Address (P.O. Box Number is Not Acceptable)
920 E 18 ST
Hialeah
City
FL Zip Code
33013

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, EMILIO	
STREET ADDRESS	3078 NW 79TH ST	
CITY- ST- ZIP	MIAMI, FL 331474706	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, SUSANA	
STREET ADDRESS	3078 NW 79 ST	
CITY- ST- ZIP	MIAMI, FL 331474706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ACOSTA, EMILIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 E 18 ST	
STREET ADDRESS	Hialeah, FL 33013	
CITY- ST- ZIP		
TITLE	ACOSTA, SUSANA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 E 18 ST	
STREET ADDRESS	Hialeah, FL 33013	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

Daytime Phone #