2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/30/2004-90009-028-$150.00-$150.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -3 AM 8:00

REINSTATEMENT 04

DOCUMENT # P03000040885

1. Entity Name
CARPET AND TILE SHINE INC.

Principal Place of Business	Mailing Address
6060 SAVANNAH WAY LAKE WORTH FL 33463 US	6060 SAVANNAH WAY LAKE WORTH FL 33463 US

MOORE CR2E034 (4/04) MRS

2. Principal Place of Business	3. Mailing Address
6751 LAS COLINAS LN	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State
Zip: 33463 Country: USA	Zip Country

4. FEI Number: 03-0547913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREA, SZALAI
6060 SAVANNAH WAY
LAKE WORTH FL 33463
6751 LAS COLINAS LN.
LAKE WORTH, FL 33463

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	FERENC CSORGO	
STREET ADDRESS	6751 LAS COLINAS LN.	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	ANDREA SZALAI	
STREET ADDRESS	6751 LAS COLINAS LN.	
CITY-ST-ZIP	LAKE WORTH, FL. 33463	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Andrea S ANDREA SZALAI 7-27-04 561-523-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #