2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 08:00 AM Secretary of State

DOCUMENT # P03000056228 1. Entity Name BRANDON CARPETING SERVICE, INC.						Secretary of State			
· '	ce of Business		Mailing Address						
1570 N.W. 128TH DRIVE #104			1570N.W. 128TH DRIVE #104						
SUNRISE, FL 33323 SUNRISE, FL 33323									
2. Principal Place of Business			3. Mailing Address				 		
Suite, Apt. #, etc			Suite, Apt. #, etc.			04282005	Chg-P	CR2E034 (10/03)	
City & State			City & State			4. FEI Number 05-0561	623		oplied For ot Applicable
Zip	Country		Zip	Cour	ntry	5. Certificate o	f Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Ac	dress of Current Reg	îstered Agent	Name		7. Name and A	ddress of New R	egistered Agent	
BRANDON 1570 N.W.	N, ERICK . 128TH DRIVE	:			P O. Box Number is Not Acceptable)				
#104	FL 33323	m					· · · · · · · · · · · · · · · · · · ·		
			City		City			FL Zip Cod	e :
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 whool or printed name of registered signal to the control of									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	D	OFFICERS AND DIR		11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTOR	
TITLE NAME	BRANDON, ERICK				.]	U00000364227 Change Addition			
STREET ADDRESS CITY-ST-ZIP	1570N.W. 128TH DRIVE #104 SUNRISE, FL 33323				ET ADDRESS -ST-ZIP	05/06/05-80034-010 150.00			
TITLE			☐ Delete	TITL				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			\$		ET ADDRESS -ST-ZIP				
TITLE			☐ Delete	TITLE			- . <u></u>	Change	Addition
NAME STREET ADDRESS				NAM STRE	E ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP	<u></u>	·		
TITLE NAME			☐ Delete	TITLE NAM				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				
TITLE	□ Delete				Ē		<u> </u>	☐ Change	☐ Addition
NAME STREET ADDRESS				1	ET ADDRESS				
CITY-ST-ZIP			☐ Delete	CITY	-SI-ZIP			☐ Change	☐ Addition
NAME			- Delete	NAM	E			Ghailge	
STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS -ST-ZIP				
12. I hereby to	certify that the information	ation supplied with this	filing does not qualify for	the exe	mption stated in Sec	tion 119.07(3)(i).	Florida Statutes. I	further certify that the in	formation

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

OLONIATUDE.

NATURE AND TYPED OR PRINTED MANE OF SIGNING DESCRIPTION

au/28/05

954-2420476

Dayume Phone #