## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000097063**

1. Entity Name

TAPICERIA UNIVERSAL, INC.



FILED May 07, 2007 08:00 A Secretary of State

Principal Place of Business

2387 W 80 ST

2387 W 80 51 SUITE #4. HIALEAH, FL 33016 Mailing Address

2387 W 80 ST SUITE #4

HIALEAH, FL 33016



## DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0583791

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSALES, JOSE'A 2387 W . 80'ST SUTIE #4 HIALEAH EL 33016

## DO NOT WRITE IN THIS SPACE

HIALEAH, FL 33016				IN THIS SPACE		
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 NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign File Trust Fund Contribution				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSALES, JOSE A 2387 W 80 ST SUITE #4 HIALEAH, FL 33016				U00000761841 05/25/07-80071-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					82722701-80011-020 120.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE					j	

12. I hereby certify that the information supplied with this filling 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 true 69 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: >

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/07 (301)826-9352 Doda Deptembrono 8