2004 FOR PROFIT CORPORATION ANNUAL REPORT

				FILED
1. Entity Name	MENT # P030000999 s carpet corp.	921		04 OCT 28 AM II: 57 SECRETARY OF STAFE TALLAHASSI E. FLORIDA
108 CHERRY ST		Mailing Address PO BOX 303 BARBERVILLE, FL 32105	5 ·	05.03.04 90405 012 \$ 15090
2. Principal Place of Business 3		3. Mailing Address	·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		REPOST ACTOR WE WE AZED 34 410000 OF
City & State		City & State		4. FEI Number Applied Fbr 11 - 3 7 0 3 2 6 5 Not Applied by
Zip 	Country	Zip	Country	-5Certificate of Status Desired S8.75-Additional Fee Regulred
6, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name				
GABINO, OCAMPO 108 CHERRY ST SEVILLE, FL 32190			}	DCAMPO G-ABENO ddress (P.O. Box Mumber is Not Acceptable)
	,	,) Ch	SAVILLA FL Zip Code 32190
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 ABOVE Signature, typed or printed name of registered agent and talls if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	HECTOR, OCAMPO 125 SMILEY STORY RD CRESCENT CITY, FL 32112	≯ Oelele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCAMPO, GABINO 108 CHERRY ST -SEVILLE, EL 32190
IHLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIGOBERTO, PEREZ 125 SMILEY STORY RD CRESCENT CITY, FL 32112	∑3 0⊖lete	THILE NAME STREET ADDRESS CHY-ST-ZIP	ST OCAMPT, MARIA D. Change Addition 108 CHERRY ST SRVILLE EL 32191
TITLE NAME STREET ADURESS CITY-ST-ZIP		Defete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delate	TITLE NAME STREET ADURESS CHY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CHY-ST-ZIP	☐ Change ☐ Aridition
THTLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Detate	NAME STREET ADDRESS CITY-ST-ZIP	☐ Charige ☐ Addition
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 eath; that I am an officer or director of the corporation of 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 Date Degree Phone if				

ROBERT C. BROWN

718 W NEW YORK AVENUE

DELAND, FL 32720

(386) 740-8788 FAX:(386) 740-1032

October 22, 2004

To Whóm It May Concern:

Please find attached a signed Corporate Annual Report for Ocampo's Carpet Corporation. According to your office, the report was returned due to lack of signature and this was never received. Also attached is the copy of the check that was originally sent with the report. Please waive any penalties as we are sending now the signed Corporate Report. Thank you for your time.

Robert C. Brown

Corporate Accountant