2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2004 8:00 am Secretary of State

DOCUMENT # P03000111651 1. Entity Name RUGS & DETAILS INC.							of Manager	03-26-200	•		
Principal Place of Business 9607 NW 33 STREET MIAMI, FL 33172			9	Mailing Address 9607 NW 33 STREET MIAMI, FL 33172							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03052004	Chg-P		034 (10/03)	
City & State			(City & State			4. FEI Numb	er 77-06	10 43	2 AF	pplied For ot Applicable
Zip	Country			Zip	Country		5. Certificate	e of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current Registered Agent						7. Name and	d Address of New	Registered	Agent	
CONCHA, JUANITA 9607 NW 33 STREET MIAMI, FL 33172						Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	Je		
			nent for the p	ourpose of changing its	ed office or registe	ered agent, or bo	oth, in the State of F			, 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											
		FEE IS \$150.0 4 Fee will be \$		5.00 May Be ided to Fees							
10.	T '=	OFFICERS AND DIRECTORS 11					ADDITIONS	/CHANGES TO OF	FICERS AN		
TOTLE NAME	P Delete TITE CONCHA, JUANITA									☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	9607 NW	33 STREET			STREET ADDRESS CITY-ST-ZIP						
TITLE	MIAMI, FL 33172 CITY S Delete IIII									☐ Change	Addition
NAME OTREET LOUDES	GAITAN, EDUARDO										_
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP					
TITLE	□ Delete 1171.E					1				Change	Addition
NAME STREET ADDRESS	•					EET ADDRESS					
CHY-ST-ZIP				FT 5-1		-ST-ZIP				[7] Change	CT Addition
NAME :	<u> </u>			Delete	TITLI NAM	1				TT custific	Addition
STREET ADDRESS CITY-ST-ZIP						EET ADORESS 7-ST-ZIP					
TITLE				☐ Delete	TITU					Change	Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS					
CITY-ST-ZIP				Ti s.u.		/-ST-ZIP				☐ Change	☐ Addition
NAME				☐ Delete	TITU NAM					E Change	
STREET ADDRESS CITY-ST-ZIP			•			EET ADDRESS /-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 adjurate 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 of trustee emptyweled by 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: 100 (305)661-0310											
ANDIC	nue://	SIGNATURE AND TY	PED OR PRINTE	D NAME OF SIGNING OFFICER	A OR DIREC	тоя	0011	Date Date	<u> </u>	Daytime Phone #	ALLA