


FILED
Apr 26, 2007 8:00 am
Secretary of State

04-09-2007 90037 049 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000130743		
1. Entity Name ALFREDO'S CARPET INSTALLATION, INC.		
Principal Place of Business 415 MAIN STREET CRESCENT CITY, FL 32112		Mailing Address 415 MAIN STREET CRESCENT CITY, FL 32112
DO NOT WRITE IN THIS SPACE		
		01172007 No Chg-P CR2ED34 (11/05)
4. FEI Number 90-0125347		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CASTANEDA, ALFREDO 415 MAIN STREET CRESCENT CITY, FL 32112		DO NOT WRITE 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 <u>Alfredo Castaneda</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-21-07</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CASTANEDA, ALFREDO 415 MAIN STREET CRESCENT CITY, FL 32112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing 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 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: <u>Alfredo Castaneda</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4-21-07</u> <small>Date Daytime Phone #</small>