


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90244 017 ***150.00

| | |
|---|---|
| DOCUMENT # P03000133082 1. Entity Name EMMANUEL'S CARPET INSTALLATION, INC. |  |
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40065004



04092007 Chg-P CR2E034 (12/06)

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| Principal Place of Business 718 WEST NEW YORK AVENUE DELAND, FL 32720 | Mailing Address POST OFFICE BOX 853 PIERSON, FL 32180 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
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| Suite, Apt. #, etc. 368 Heritage Estates Ln City & State DeLand FL 32720 Zip 32720 Country U.S.A. | Suite, Apt. #, etc. 368 Heritage Estates Ln City & State DeLand FL Zip 32720 Country USA |
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| 6. Name and Address of Current Registered Agent CASTANEDA, FELIMON 386 HERITAGE ESTATES LANE DELAND, FL 32720 | |
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| 4. FEI Number 20-0470152 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD CASTANEDA, FELIMON 718 WEST NEW YORK AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CARBAJAL, LILIANA I 718 WEST NEW YORK AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: <i>Felimon Castaneda</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 04-09-07 386-736-6584 Date Daytime Phone |
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