## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90429 020 \*\*\*150.00

DOCUMENT # P030001  1. Entity Name NELSON CARPET, CORP.	36041		• • • • • • • • • • • • • • • • • • •
Principal Place of Business 1460 W 42 ST #2 HIALEAH, FL 33012	Mailing Address 1460 W 42 ST #2 HIALEAH, FL 33012		dθθρος
2. Principal Place of Business	3. Mailing Address		
1481 W 41 ST Suite, Apt. #, etc.	Suite, Apt. #, etc.	41 st	04052006 Chg-P CR2E034 (11/05)
City & State HIBLEAH F1	City & State	FI	4. FEI Number Applied For 54-2133636 Not Applied
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
330/2 MIAMI-DAGE		MIAMI- DADE	Fee Required
6. Name and Address of Cui	rent Registered Agent	Name	7. Name and Address of New Registered Agent
YEE, NELSON JR		EE NECSON JR s (P.O. Box Number is Not Acceptable)	
HIALEAH, FL 33012			
		1481	W 41 ST APT 118
,		City J-JIA	LEAH FL Zip Code 380/2
	efit for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and acce
the obligations of registered agent:	· dalan	4 5	el//
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)  ATE  ATE
FILE NOW!!! FEE S \$150.00 After May 1, 2006 Fee will be \$5	9. Election Campaig 550.00 Trust Fund Contr		5.00 May Be dided to Fees
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME YEE, NELSON JR	☐ Delete	TITLE NAME	☐ Change ☐ Addi
STREET ADDRESS 1460 W 42 ST #2		STREET ADDRESS	
CITY-ST-ZIP HIALEAH, FL 33012		CITY-ST-ZIP	
FITLE	☐ Delete	TITLE	☐ Change ☐ Addi
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-SI-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addi
NAME STREET ADDRESS		NAME STREET ADDRESS	,
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addi
NAME STREET ADDRESS		NAME Street address	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addi
NAME CTREET ADDRESS		NAME	
STREET ADDRESS : CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addi
NAME		NAME STOCKT LOOMEDS	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplie	d with this filing does not qualify for port is true and accurate and that nempowered to execute this report ress, with all other like empowered	or the exemptions contain	ned in Chapter 119, Florida Statutes, I further certify that the information he same legal effect as if made under oath; that I am an officer or direct 307, Florida Statutes; and that my name appears in Block 10 or Block
	A 1	Yea In	
SIGNATURE: SIGNATURE AND TYPE	ED OR PRINTED NAME OF SIGNING OFFICER	<del>, , -</del>	- 4/7/06 305-907-6895  Date Dayme Prone #