2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137992

1. Entity Name
J.F.Z. CARPET CORP.

Principal Place of Business	Mailing Address
931 BURLINGTON ST OPA LOCKA, FL 33054	931 BURLINGTON ST OPA LOCKA, FL 33054

50015073

02102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0440611	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZAMORA, MIREYA
931 BURLINGTON ST
OPA LOCKA, FL 33054

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 _x Mireya Zamora_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	ZAMORA, MIREYA
STREET ADDRESS	931 BURLINGTON ST
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	VP,D
NAME	ZAMORA, JUAN
STREET ADDRESS	931 BURLINGTON ST
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	
NAME	
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CITY-ST-ZIP	

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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 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 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: _x Mireya Zamora_   _2-10-05_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #