200 UNIFORM BUSINESS REPORT (UBR) **FILED** May 03, 2005 8:00 am DOCUMENT # PO 3000 1 37999. Secretary of State J CARPET CORP. 05-03-2005 90108 033 ***150.00 Principal Place of Business 11250 SW 181 St. 400/3/10 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 440560 20.0 Not Аррасыс Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jose L. Hernandez Street Address (P.O. Box Number is Not Acceptable) 33157 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 (NOTE: Registered Agent signature required when resistating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 * Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Jose L. Hernandez NAME NAME STREET ADDRESS 11250 SW 181 Street STREET ADDRESS CITY ST-JIP CITY-ST-ZIP DE Delete TITLE Change ☐ Fad NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THE Delete TITLE Change MAZU". NAME NAME STHEET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change E Auto NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change □ /at : NAME STREET ADDRESS STREET ADDRESS CRY-ST 7F CITY-ST-7IP TITLE TITLE Defete Change ☐ Add fil NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I nereby 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: