


2004 FOR PROFIT CORPORATION ANNUAL REPORT

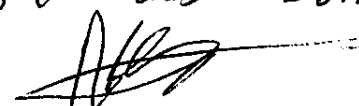
6/7/2004 90006-039-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000138919			
1. Entity Name MIGUEL CARPET CORP			
Principal Place of Business 5601 SW 12 ST #101 B N LAUDERDALE, FL 33068		Mailing Address 5601 SW 12 ST #101 B N LAUDERDALE, FL 33068	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CASTREJON, MIGUEL LUIS 5601 SW 12 ST #101 B N LAUDERDALE, FL 33068		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.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTREJON, MIGUEL LUIS	NAME	
STREET ADDRESS	5601 SW 12 ST #101 B	STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE, FL 33068	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Miguel L. Castrejon</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

Miguel L Castrejon



08-31-04

N. Lauderdale, FL August 31, 2004.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To: Annual Reports Section

Re: Annual Business Report - MIGUEL CARPET CORP.
Document. # P03000138919

I Received the Annual Business Report 2004 back, due to a lack of signature. However I did not understand, because was signed by me.

I called the Division of Corporations and they explained that must be signed and printed.
Please waive the \$ 400,00 penalty and file this petition as soon as possible.

Thank you for your concern regarding this matter, and if you have any question, do not hesitate to contact me.

Sincerely yours,

Miguel L. Castrejon

Miguel L. Castrejon
President