

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P03000140558

1. Entity Name

B & R CARPETS, INC.



Principal Place of Business

3540 IRISH LN
PT ORANGE FL 32129

Mailing Address

3540 IRISH LN
PT ORANGE FL 32129



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3421915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLON, BIENVENIDO
3540 IRISH LN
PT ORANGE FL 32129

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

SIGNATURE

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
COLON, BIENVENIDO
3540 IRISH LN
PT ORANGE FL 32129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
COLON, ROBERTA
3540 IRISH LN
PT ORANGE FL 32129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition
U000000675653
03/30/07-80027-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07 386-760-3940
Date Daytime Phone #