

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90002 026 ***150.00

DOCUMENT # P03000150150 1. Entity Name ADOLFIN CARPET, INC.			
Principal Place of Business 3849 SW 99 AVE 3 MIAMI, FL 33165		Mailing Address 3849 SW 99 AVE 3 MIAMI, FL 33165	
2. Principal Place of Business 7849 CRESPI BLVD.		3. Mailing Address 7849 CRESPI BLVD.	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33141		Zip 33141	
Country DADE		Country DADE	
4. FEI Number 20-0501640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRADO, ADOLFO 3849 SW 99 AVE 3 MIAMI, FL 33165		7. Name and Address of New Registered Agent Name PRADO, ADOLFO Street Address (P.O. Box Number is Not Acceptable) 7849 CRESPI BLVD. #2 City MIAMI FL Zip Code 33141	
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 <u><i>Adolfo Prado</i></u> DATE <u>7/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
150.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P PRADO, ADOLFO 3849 SW 99 AVE 3 MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRADO, ADOLFO 7849 CRESPI BLVD #2 MIAMI, FL - 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Adolfo Prado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/27/04</u> Daytime Phone # <u>305-336-6350</u>	

34065525



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