

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91247 036 ***150.00

DOCUMENT # P03000154349

1. Entity Name
GMD CARPET, INC.



Principal Place of Business
717 NORTH 31ST AVENUE
HOLLYWOOD, FL 33020

Mailing Address
717 NORTH 31ST AVENUE
HOLLYWOOD, FL 33020

94083315



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number
73-1689757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAIDEH, ABRAHAM
6407 SW 5TH STREET
PEMBROKE PINES, FL 33023

7. Name and Address of New Registered Agent

Name Debra Simone

Street Address (P.O. Box Number is Not Acceptable)
717 N 31 AVE

City Hollywood FL Zip Code 33021

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: Debra Simone, Debra Simone DATE: 4.27.04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	CEOP SIMONE, EMMANUEL J 717 NORTH 31ST AVENUE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Emmanuel Simone Jr DATE: 4.27.04 DAYTIME PHONE #: 954-989-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR