


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90430 027 ***150.00

DOCUMENT # P04000004130	
1. Entity Name O & J CARPETING, INC.	

Principal Place of Business 3409 SW 25TH CT FT LAUDERDALE, FL 33312	Mailing Address 3409 SW 25TH CT FT LAUDERDALE, FL 33312
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2. Principal Place of Business 6351 N.W. 38 th Dr. Suite, Apt. #, etc.	3. Mailing Address 6351 N.W. 38 th Dr. Suite, Apt. #, etc.
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04282005 Chg-P CR2E034 (10/03)

City & State Coral Springs	City & State Coral Springs	4. FEI Number 20-0579289	Applied For Not Applicable
Zip 33067	Country	Zip 33067	Country

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

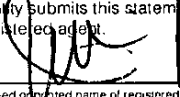
6. Name and Address of Current Registered Agent

GAONZALEZ, OSCAR A
 3409 SW 25TH CT
 FT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name: GONZALEZ, Oscar
 Street Address (P.O. Box Number is Not Acceptable): 6351 N.W. 38th Drive
 City: Coral Springs FL Zip Code: 33067

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: 4/28/05

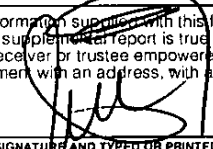
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD GONZALEZ, OSCAR A 3409 SW 25TH CT FT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6351 N.W. 38 th Drive Coral Springs, FL 33067		
	<input type="checkbox"/> Delete		

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:  DATE: 4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR