


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

07-18-2005 90049 008 ***150.00

| | | | | | |
|---|-------------------|---|---|--|-----------------------------------|
| DOCUMENT # P04000012286 | | | |  | |
| 1. Entity Name FIERRO CARPET SERVICES, CORP. | | | | | |
| Principal Place of Business 711 VILLAGE PLACE BRANDON, FL 33511 | | | Mailing Address 711 VILLAGE PLACE BRANDON, FL 33511 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. EEI Number 59-0356914 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FIERRO, JOSE L 711 VILLAGE PLACE BRANDON, FL 33511 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FIERRO, JOSE L | | NAME | | |
| STREET ADDRESS | 711 VILLAGE PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FIERRO, MARIA D | | NAME | | |
| STREET ADDRESS | 711 VILLAGE PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | 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: <u>Jose L. Fierro</u> <u>Jose L. Fierro - President</u> <u>7/11/05</u> <u>(813) 661-7381</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

06026576

FIERRO CARPET SERVICES, CORP.
711 Village Place
Brandon, Fl. 33511

Certified Letter with Return Receipt

July 11, 2005

Florida Department of State
Division Of Corporation
P.O. Box 6198
Tallahassee, Fl. 32314

Re: 2005 Annual Report
#P04000012286

Gentlemen:

As per telephone conversation today with your staff, enclosed please find our check in the amount of \$150.00 to cover for our subject Annual Reports.

Please be advised that as of the date of this letter we never received your previous renewals reports.

Your prompt processing of our corporation will be greatly appreciated.

Truly yours,

FIERRO CARPET SERVICES, CORP.



Jose L. Fierro
President

ATTACHMENT

Fierro Carpet Services Corp.

*711 Village Place
Brandon, FL 33511*

66026574

August 25, 2005

Florida Department of State
Division of Corporations
P.O. box 6327
Tallahassee, FL 32314

RE: Reference Number P04000012286

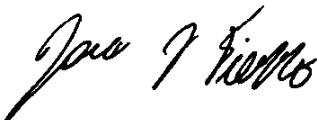
Gentlemen:

Please find attached the annual report form that you sent back to us for additional information. Fierro Carpet Services Corporation is a sole-proprietor and should not need a Federal Identification Number.

Also, please find attached a copy of the postmarked envelope, postmarked 08/11/2005. The letter you sent us is dated 07/21/2005. We should not be assessed the late fee.

Should you need any additional information, please let me know.

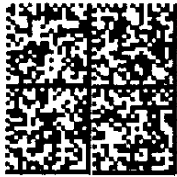
Sincerely,



Jose L. Fierro
President
Fierro Carpet Services Corporation



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



newpost

049J82020052

\$00.370

08/11/2005

Mailed From 32301

US POSTAGE

ATTACHMENT

66026374

#P04000062286



33511+6239-11 C023



ATTACHMENT

66020574

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 21, 2005

**FIERRO CARPET SERVICES, CORP.
711 VILLAGE PLACE
BRANDON, FL 33511**

Subject: **FIERRO CARPET SERVICES, CORP.**

Reference Number: **P04000012286**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION