
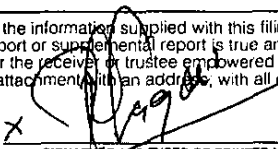


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90012 009 ***150.00

DOCUMENT # P04000015102 1. Entity Name ROLY'S CARPET, INC.					
Principal Place of Business 2640 WEST 76 ST. APT. #102 HIALEAH, FL 33016			Mailing Address 2640 WEST 76 ST. APT. #102 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # 2640 W. 76 ST # 204			3. Mailing Address 2640 W. 76 Street # 204		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Hialeah, FL			City & State Hialeah, FL		
Zip 33016		Country USA		4. FEI Number 73-1692364	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MIRANDA, ROLANDO 2640 WEST 76 ST. APT. #102 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Miranda, Rolando Street Address (P.O. Box Number is Not Acceptable) 2640 West 76 Street apto # 204 City Hialeah FL Zip Code 33016		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PD MIRANDA, ROLANDO 2640 WEST 76 ST. APT. #102 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miranda, Rolando 2640 West 76 ST # 204 Hialeah, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, ANA MARIA 2640 WEST 76 ST. APT. #102 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miranda, Ana Maria 2640 West 76 St # 204 Hialeah, FL 33016	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Rolando Miranda 4-17-07 786-302-3756 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #					