


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90062 050 \*\*\*150.00

DOCUMENT # <b>P04000028397</b>	
1. Entity Name <b>Fernandos Carpet &amp; Floor Cover</b>	

**DO NOT WRITE IN THIS SPACE**

**50062701**

2. Principal Place of Business <b>2740 N.W. 63<sup>rd</sup> Ct</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 988</b> Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State <b>Ft Lauderdale FL</b>	City & State <b>Dorfield bch FL</b>	4. FEI Number <b>35-2226153</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33309</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
	Zip <b>33443</b>	Country	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>FERNANDO GARCIA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7896 Bishopwood rd</b>	
City <b>Lakewood</b>	FL Zip Code <b>33467</b>

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.

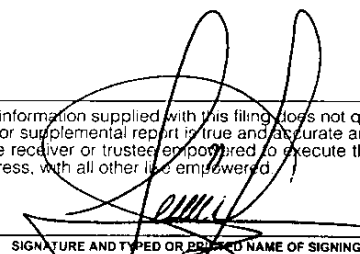
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE <b>PRESIDENT</b>	NAME <b>7896 BISHOPWOOD RD</b>	TITLE	
STREET ADDRESS <b>LAKE WORTH FL 33467</b>	CITY-ST-ZIP	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other fees empowered.

SIGNATURE:  07-01-005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT  
INVOICE  
50062701  
Attn: Sean Toner.  
Ref # 105A00011733. #P04000028397

We have already mail a check but we forgot to send the annual Business report, It's our first time, so we called and they help us over the phone to order it.

Document # P0400028397  
Tax ID # 35-2226153