2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # P0400042364 1. Entity Name SHIPS YARD CARPET, INC.					04-10-2008 90017 017 ***150.00			
Principal Place 4630 BUCH/ HOLLYWOOD		Mailing Address 4630 BUCHANAN ST HOLLYWOOD, FL 330	21 US		• • •	IN BURSH BYDNI ROSIN BUSHN BY		Pil Biblio de in 1886
3. Principal F		3. Mailing Address 4.650 Buchanan S+ Suite, Apt. #, etc.		- -				
City & Stat		City & State			04042008 4. FEI Numb	Chg-P	CR2E034 (12/	06) Applied For
HO 113	Country 6	Hollywood	Suntry		20-088		£0.75	Not Applicable Additional
3300	6. Name and Address of Current	33021	Brown	nl		of Status Desired	Fee Rec	
HERNANDEZ, MICHAEL 4630 BUCHANAN STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Scrub Sitegt Address (P.O. Box Number is Not Acceptable) Du CHANAN				
			- 1 9th	1/4	-D00 ((FL 线	821
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 Signature, typed or printed name of registered agent, and tale if applicable. (NOTE: Prograture required when reinstating) OATE								
		9. Election Campa				<u> </u>	OATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	'		Adde	00 May Be ed to Fees			!
10.	OFFICERS AND	DIRECTORS Delete	11.	1	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECT	
NAME STREET ADDRESS? CITY-ST-ZIP	HERNANDEZ, MICHAEL 4630 BUCHANAN ST HOLLYWOOD, FL 33021	Li Delete	NAME STREET ADDRESS CITY-ST-ZIP					ige 🔛 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARTINEZ, REYNALDO 6380 WEST 27 AVE #414 HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, DIANA 4630 BUCHANAN STREET HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chai	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge 🗍 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Chai	nge Addition
12. I hereby of indicated of the corchanged	Certify that the information supplied with to not his report or supplemental report is poration or the receiver or tostee empor, or on an attachment with an address of the supplemental reports the receiver or tostee empo	this filing does not qualify for the arro accurate another wered to execute this report with all other like empowered.		contained have the s apter 607	in Chapter 11 same legal effe , Florida Statut	9, Florida Statutes. ct as if made under es; and that my nam	I further certify that to oath; that I am an of the appears in Block	10.
SIGNAT	URE: AND TYPED OR P	RINTED NAME OF GRAING OFFICER	OR DIRECTOR			7/5/08 V	Daytime Pho	<u>~>860</u>