

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000045908

Entity Name: DUBON CARPET INC.

**FILED**  
**Mar 21, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

10105 N. DARTMOUTH AVENUE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

10105 N. DARTMOUTH AVENUE  
TAMPA, FL 33612 US

**New Mailing Address:**

FEI Number: 20-0861592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBON, MATEO  
10105 N. DARTMOUTH AVENUE  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete  
Name: DUBON, MATEO  
Address: 10105 N. DARTMOUTH AVENUE  
City-St-Zip: TAMPA, FL 33612 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CARCAMO, JULIO C  
Address: 10105 N. DARTMOUTH AVE  
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATEO DUBON

PD

03/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date