2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State
secretary or state

DOCUMENT # P04000048965 1. Entity Name GLOBAL CARPET INSTALLATION INC					09-08-2005 90071 048 ***150.00			
Principal Place	of Business	Mailing Address				2006270	3	
116 ALLEN ROAD HOLLYWOOD, FL 33023 HOLLYWOOD, FL								
2. Principal Place of Business		3. Mailing Address 3111 SW 33 AVE				8 8		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05272005	Chg-P	CR2E034 (10/03)		
City & State		HOLLYWOOL	FL.	4. FEI Numb	164077	8 Ap	plied For t Applicable	
Zip	Country	33023	Country USA		of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current		7. Name and	Address of New Reg	jistered Agent			
CORPON CIOVANNED			Name	Name				
GORDON, GIOVANNI D 116 ALLEN ROAD HOLLYWOOD, FL 33023			Street Addre	ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
HOLLTWOOD, FL 33023								
			City		,	FL 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								
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Final Trust Fund Contribution.			Financing oution.	\$5.00 May Be Added to Fees	In accordance wit corporation did no	th s. 607.193(2)(b), ot receive the prior r	F.S., the otice.	
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR		
TITLE NAME	PVTS GORDON, GIOVANNI D	☐ Delete	TITLE NAME			Change	☐ Addition	
STRFET ADDRESS CITY-ST-ZIP	116 ALLEN ROAD HOLLYWOOD, FL 33023		STREET ADDRESS CITY-ST-ZIP					
MILE	D	□ Delete	TITLE			☐ Change	Addition	
NAME	GORDON, GIOVANNI D		NAME					
STREET ADDRESS CITY-ST-ZIP	116 ALLEN ROAD HOLLYWOOD, FL 33023		STREET ADDRESS CITY-ST-2IP					
TITLE	11022111000,12 00020	☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP			-		
THEE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CHY-SI-ZIP			CHY-SI-ZIP					
THE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				•	
HILE		☐ Delete	THE			Change	Addition	
HAME STREET ADDRESS			NAME STREET ADDRESS					

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 yith an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GIOVANNID. GORDON 5-27-05 454-682-2861