


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90004 004 ***150.00

DOCUMENT # P04000062628	
1. Entity Name LOPEMY CARPETS, INC.	

Principal Place of Business 10455 WATER HUACINTH DR ORLANDO FL 32825	Mailing Address 10455 WATER HUACINTH DR ORLANDO FL 32825
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business <i>10455 Water Hyacinth Dr.</i>	3. Mailing Address <i>10455 Water Hyacinth Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Orlando, FL.</i>	City & State <i>Orlando, FL.</i>	4. FEI Number 90-0183643	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <i>32825</i>	Country <i>Orange</i>	Zip <i>32825</i>	Country <i>Orange</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY FL 32351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reconstituted) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABALLERO, LOURDES 10455 WATER HUACINTH DR. ORLANDO FL 32825 <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	DVT VAZQUEZ, PABLO 10455 WATER HUACINTH DR ORLANDO FL 32825 <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
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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 Section 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 an other like empowered.

SIGNATURE: *Lourdes Caballero* Date: *4/30/06* (407) 313-4410