

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 DEC 20 PM 4: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000088385 1. Entity Name VICENTE GONZALEZ JR. CARPET, INC.	
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Principal Place of Business 154 LAKE MARGARET BLVD LAKE COMO, FL 32167	Mailing Address PO BOX 703 PIERSON, FL 32180
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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12132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1243210	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, VICENTE A JR 154 LAKE MARGARET BLVD LAKE COMO, FL 32167	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 reinstating) DATE _____

Amended AR is \$61.25	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	PSTD	TITLE	
NAME	GONZALEZ, VICENTE A JR	NAME	Change <input type="checkbox"/> Addition
STREET ADDRESS	154 LAKE MARGARET BLVD	STREET ADDRESS	12/20/05--01035--027 **\$61.25
CITY-ST-ZIP	LAKE COMO, FL 32167	CITY-ST-ZIP	
TITLE		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CIRELO HERNANDEZ
STREET ADDRESS		STREET ADDRESS	P.O. Box 660
CITY-ST-ZIP		CITY-ST-ZIP	LAKE COMO, FL 32157
TITLE		TITLE	Change <input type="checkbox"/> Addition
NAME		NAME	500062292935
STREET ADDRESS		STREET ADDRESS	12/20/05--01035--027 **\$61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 with an address, with an other like empowered.

SIGNATURE: Vicente Gonzalez Date 12/13/05 Daytime Phone # _____