


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 034 ***158.00

DOCUMENT # P04000113527

1. Entity Name
 JOSE RIVAS CARPET, INC.



Principal Place of Business
 26291 BRIDGEPORT LN
 BONITA SPRINGS, FL 34135

Mailing Address
 26291 BRIDGEPORT LN
 BONITA SPRINGS, FL 34135

2. Principal Place of Business
 18401 IMS rd

3. Mailing Address
 18401 IMS rd

Suite, Apt. #, etc.

City & State
 FT MYERS FL


City & State
 FT MYERS FL

Zip
 33912

Country
 USA

Zip
 33912

Country
 USA



03172006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-1438560

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RIVAS, JOSE A
 26291 BRIDGEPORT LN
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
 Name RIVAS, JOSE A
 Street Address (P.O. Box Number is Not Acceptable)
 18401 IMS rd
 City FT MYERS FL Zip Code 33912

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]* 3/17/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVAS, JOSE A 26291 BRIDGEPORT LN. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVAS, JOSE A 18401 IMS rd FT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other fees empowered.

SIGNATURE: *[Signature]* 3/17/06 239-223-1456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #