

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/1

FILED
Jul 25, 2005 8:00 am
Secretary of State

06-13-2005 90003 020 ***150.00

07-25-2005 90096 031 ***408.75

DOCUMENT # P04000114115 1. Entity Name MOISES BEST CARPET INC																																			
Principal Place of Business 3134 NW 109TH TERRACE SURISE, FL 33351		Mailing Address 3134 NW 109TH TERRACE SURISE, FL 33351																																	
2. Principal Place of Business 852 S.W. 5 st.		3. Mailing Address 852 S.W. 5 st.																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State MIAMI FL		City & State MIAMI FL																																	
Zip 33130		Zip 33130																																	
Country MIAMI -DADE		Country MIAMI DADE																																	
4. FEI Number 22-3902454		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 FLORES, MOISES 3134 NW 109TH TERRACE SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name MOISES FLORES Street Address (P.O. Box Number is Not Acceptable) 852 S.W. 5 st. City MIAMI FL Zip Code 33130																																	
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] DATE 6/8/05 <small>Signature, title or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P FLORES, MOISES 3134 NW 109TH TERRACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLORES, MOISES 3134 NW 109TH TERRACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> President 852 S.W. 5 st. MIAMI FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President 852 S.W. 5 st. MIAMI FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLORES, MOISES 3134 NW 109TH TERRACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete																																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President 852 S.W. 5 st. MIAMI FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																		
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 all other like empowered.																																			
SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 6/8/05 (305) 285 9349 <small>Daytime Phone #</small>																																	