
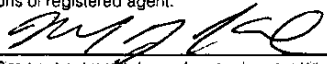
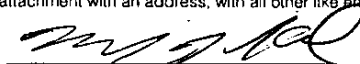


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

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| DOCUMENT # P04000125014 1. Entity Name MARK KATZ CARPETING INC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3299 PEBBLE PLACE TEQUESTA, FL 33469 | | | Mailing Address 3299 PEBBLE PLACE TEQUESTA, FL 33469 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1891 Holman Dr Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State N. Palm Beach, FL 33408 Zip Country | | City & State Zip Country | | 4. FEI Number 20-1704168 Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 03072005 Chg-P CR2E034 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent KATZ, MARK 3299 PEBBLE PLACE TEQUESTA, FL 33469 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1891 Holman Dr. City N. Palm Beach FL Zip Code 33408 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  DATE 3/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KATZ, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3299 PEBBLE PLACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TEQUESTA, FL 33469</td> <td></td> </tr> </table> | | | TITLE | P | <input type="checkbox"/> Delete | NAME | KATZ, MARK | | STREET ADDRESS | 3299 PEBBLE PLACE | | CITY - ST - ZIP | TEQUESTA, FL 33469 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1891 Holman Dr.</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>N. Palm Beach, FL 33408</td> </tr> </table> | | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | 1891 Holman Dr. | CITY - ST - ZIP | N. Palm Beach, FL 33408 | | | | |
| TITLE | P | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | KATZ, MARK | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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:  | | | 3/7/05 561 644 6025 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |