2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126142

Entity Name: AMIGO CARPET & TILE, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

PO BOX 590092 1225 NW 3RD AVE #133 FT LAUDERDALE, FL 333590092 POMPANO BEACH, FL 33060

Current Mailing Address: New Mailing Address:

PO BOX 590092 1225 NW 3RD AVE #133 FT LAUDERDALE, FL 333590092 POMPANO BEACH, FL 33060

FEI Number: 55-0880857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ATHELUS, MARKIST

885 SW 50TH AVE

MARGATE, FL 33068 US

DELIAZARE, VILCIUS

1225 NW 3RD AVE #133

POMPANO BEACH, FL 33060 US

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.

SIGNATURE: VILCIUS DELIAZARE 04/30/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DELIAZARE, VILCIUS DELIAZARE, VILCIUS Name: Name: 2400 N.W. 39 WAY, #202 1225 NW 3RD AVE #133 Address: Address: POMPANO BEACH, FL 33060 City-St-Zip: LAUDERDALE LAKES, FL 33311 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 GERMAIN, STÉPHANE
 Name:
 GERMAIN, STÉPHANE

 Address:
 885 SW 50TH AVE
 Address:
 1225 NW 3RD AVE

 City-St-Zip:
 MARGATE, FL 33068
 City-St-Zip:
 POMPANO BEACH, FL 33060

Title: V (X) Delete Title: () Change () Addition

Name: ATHELUS, GEORGELINE Name: Address: 885 SW 50 AVE. Address:

 Address:
 885 SW 50 AVE.
 Address:

 City-St-Zip:
 MARGATE, FL 33068
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 ATHELUS, MARKIST
 Name:

 Address:
 885 SW 30TH AVE
 Address:

 City-St-Zip:
 MARGATE, FL 33068
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILCIUS DELIAZARE P 04/30/2006