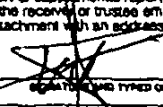


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/31/2005-90033-046-\$150.00-\$150.00 \*  
4/22/2005-90304-042-\$8.75-\$8.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000155391</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                             |  |
| 1. Entry Name<br><b>SA CUADRA CARPET INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                              |  |
| Principal Place of Business<br><b>15357 SW 36 TERR<br/>MIAMI, FL 33185 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mailing Address<br><b>15357 SW 36 TERR<br/>MIAMI, FL 33185 US</b>                                                                                            |  |
| 2. Principal Place of Business<br><b>15357 SW 36 TERR</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. Mailing Address<br><b>15357 SW 36 TERR</b><br>Suite, Apt. #, etc.                                                                                         |  |
| City & State<br><b>MIAMI, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | City & State<br><b>MIAMI, FL</b>                                                                                                                             |  |
| Zip<br><b>33185</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Zip<br><b>33185</b>                                                                                                                                          |  |
| Country<br><b>MIAMI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Country<br><b>MIAMI</b>                                                                                                                                      |  |
| 4. FEI Number<br><b>26-0100229</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Applied For<br><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<br><b>CUADRA, SANTOS<br/>15357 SW 36 TERR<br/>MIAMI, FL 33185</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DATE _____                                                                                                                                                   |  |
| FILE NOW!!! FEB IS \$150.00<br>After May 1, 2005 Fee will be \$350.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>P<br/>CUADRA, SANTOS<br/>15357 SW 36 TERR<br/>MIAMI, FL 33185</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input 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)(c), 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, or other like empowered. |  |                                                                                                                                                              |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 05/16/05                                                                                                                                                     |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Date                                                                                                                                                         |  |

FILED  
FILED  
05 JUL 25 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA



01292005 Chg-P CR2E034 (10/03)