

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90357 021 ***158.75

66016156

DOCUMENT # P05000022319 1. Entity Name J & J CARPET INSTALLATION INC.			
Principal Place of Business 885 PARK MANOR DR. ORLANDO, FL 32825 US		Mailing Address 885 PARK MANOR DR. ORLANDO, FL 32825 US	
2. Principal Place of Business 885 PARK MANOR DR.		3. Mailing Address Suite, Apt. #, etc.	
City & State Orlando - FL		City & State	
Zip 32825		Zip	
Country		Country	
6. Name and Address of Current Registered Agent FLOREZ, JUAN C 885 PARK MANOR DR. ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Juan C. Florez</u> President <u>Owner</u> 4-18-2006 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when preceding)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOREZ, JUAN C 885 PARK MANOR DR ORLANDO, FL 32825 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOREZ, ANA L 885 PARK MANOR DR. ORLANDO, FL 32825 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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 like empowered.			
SIGNATURE: <u>JUAN C FLOREZ</u> 4-18-06 407 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone # 61932918	