

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103316

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: OLIVEIRA CARPET SERVICES,CORP.

## Current Principal Place of Business:

106 OMNI DR.  
FORT PIERCE, FL 34947 US

## New Principal Place of Business:

5821 NW ZENITH DR  
PORT ST LUCIE, FL 34986 US

## Current Mailing Address:

106 OMNI DR.  
FORT PIERCE, FL 34947 US

## New Mailing Address:

5821 NW ZENITH DR  
PORT ST LUCIE, FL 34986 US

FEI Number: 20-3208966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAXPLACE, CORP.  
2721 S. US 1 SUITE # 9  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OLIVEIRA, SOLIMAR A  
Address: 106 OMNI DR.  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OLIVEIRA, SOLIMAR A  
Address: 5821 NW ZENITH DR  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: P/D ( ) Change (X) Addition  
Name: OLIVEIRA, KLEBER A  
Address: 214 CALYPSO DR  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: P/D ( ) Change (X) Addition  
Name: RAMOS, MARCOS R  
Address: 5821 NW ZENITH DR  
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: SOLIMAR AVILA OLIVEIRA

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03/06/2006

Electronic Signature of Signing Officer or Director

Date