


FILED
Apr 06, 2006 8:00 am
Secretary of State

03-23-2006 90017 042 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000111524			
1. Entity Name ADONIS CARPET COLLECTION INC.			
Principal Place of Business 3900 SW 78 COURT SUITE 22 MIAMI, FL 33155 US		Mailing Address 3900 SW 78 COURT SUITE 22 MIAMI, FL 33155 US	
2. Principal Place of Business 745 SW 98th Suite, Apt. #, etc.		3. Mailing Address 745 SW 98th Suite, Apt. #, etc.	
City & State Miami Fla		City & State Miami Fla	
Zip 33174	Country	Zip 33174	Country
4. FEI Number 20-3293240		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, FERNANDO 3900 SW 78 COURT SUITE 22 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name: Martinez Fernando Street Address (P.O. Box Number is Not Acceptable): 745 SW 98th City: Miami Fla FL Zip Code: 33174	
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: <i>Fernando Martinez</i> DATE: 4/3/06 <small>Signature of individual or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</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	PD MARTINEZ, FERNANDO 3900 SW 78 COURT - SUITE 22 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Martinez Fernando 745 SW 98th Miami Fla 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Fernando Martinez</i>		Date: 4/3/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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