


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
2006 JUN 26 PM 12:18
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140655

1. Entity Name
MUNIZ CARPET CORP



Principal Place of Business 4586 PHEASANT RUN DR ORLANDO FL 32808	Mailing Address 4586 PHEASANT RUN DR ORLANDO FL 32808
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2. Principal Place of Business 4586 PHEASANT RUN DR Suite, Apt. #, etc. ORLANDO FL	3. Mailing Address Suite, Apt. #, etc. ORLANDO FL
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City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 20-3645016	Applied For <input type="checkbox"/> Not Applicable
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Zip 32808	Country	Zip	Country
6. Name and Address of Current Registered Agent DE SOUSA, SILVANDE G 4586 PHEASANT RUN DR ORLANDO FL 32808		7. Name and Address of New Registered Agent Name SILVANDE GIL DE SOUSA Street Address (P.O. Box Number is Not Acceptable) 4586 PHEASANT RUN DR ORLANDO FL 32808	

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:  (NOTE: Registered Agent signature required when reconstituting)

DATE: **03/27/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE SOUSA, SILVANDE G			NAME			
STREET ADDRESS	4586 PHEASANT RUN DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE SOUSA, SILVANDE G			NAME			
STREET ADDRESS	4586 PHEASANT RUN DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **03/27/06**

Dated: Daytime Phone #