

P05000145355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

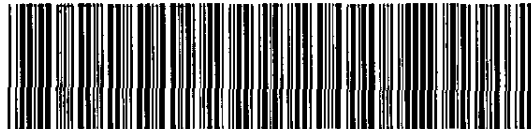
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Dept. of Correction

11/9

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AL'S FLOORING & CARPETING INC
(Name of Corporation)

DOCUMENT NUMBER: PO5000145355

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBINO ALAMILLA

(Name of Contact Person)

AL: A

(Firm/Company)

1735 FAULDS RD N

(Address)

CLEARWATER FLORIDA 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBINO ALAMILLA

(Name of Contact Person)

at (727) 234-7270

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF CORRECTION

for

AL'S FLOORING & CARPETING INC

Name of Corporation as currently filed with the Florida Dept. of State

PO5000145355

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Officer/Director Detail were omitted
(Document Type Being Corrected)

filed with the Department of State on 10/28/2005
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Officer / Director Detail
NAME & ADDRESS TITLE
NONE

Correct the inaccuracy, incorrect statement, or defect:

Officer/Director Detail
NAME & ADDRESS TITLE
ALBINO ALAMILLA PRESIDENT
1735 FAULDS RD N
CLEARWATER FL 33756

ALBINO ALAMILLA

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ALBINO ALAMILLA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35.00