


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90031 013 ***150.00

DOCUMENT # P05000148702					
1. Entity Name M A Cuevas's Carpet Installer Inc.					
Principal Place of Business			Mailing Address		
258 St. John Circle			Casselberry, Fl 32730-2365 APT-200		
2. Principal Place of Business		3. Mailing Address			
258 St. John Circle		Suite, Apt. #, etc. #200			
City & State		City & State		4. FEI Number 56-2541617	
Casselberry Fl		Casselberry Fl		Applied For <input type="checkbox"/> Not Applicable	
Zip 32730	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Miguel A. Cuevas 258 St. John Circle APT-200 Casselberry, Fl 32730-2365			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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>[Signature]</i>				DATE 07/07/2006	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Miguel A. Cuevas		NAME		
STREET ADDRESS	258 St. John Circle APT-200		STREET ADDRESS		
CITY-ST-ZIP	Casselberry, Fl 32730-2365		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 exemption stated in Section 119.07(3)(i), 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>[Signature]</i>				DATE 07/07/2006 407-261-0160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40098004

01052005 Chg-P CR2E034 (10/03)

ATTACHMENT

40098004

M A Cueva's Carpet Installer Inc.
258 St. John Circle Apt-200
Casselberry, FL 32730-2365

July 5th-2006

P05000148702

Division of Corporation
P.O. Box 6198
Tallahassee, FL 32314-6198

Subject: Waiver of Penalty Fee.

I Miguel A. Cuevas hereby state the following.

That I recently received on July 3rd 2006 a postcard notice stating the intention to dissolved my Corporation. Since filling for my Corporation, I have comply with all the forms that is required of a Corporation. Taxes and other forms.

This is the first time I receive a Postcard Notice requesting another form, and a fee of \$150.00 to be paid before May 1st of every year, and if paid after this date a \$400.00 penalty. At this time I respectfully asking for a waiver of this penalty and I'll make sure that the future UBR'S are filled on time and before May 1st. I'll appreciate if the Postcard Notice can be mailed to me, 30 or 60 days before the due date. Enclosed, please find the fee of \$150.00 corresponding to the 2006 UBR. and said annual report.

Thank you for your cooperation regarding this issue.

X.

Miguel A. Cuevas
President.