2006 FOR PROFIT CORPORATION

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90207 038 ***150.00

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DOCUMENT # P05000148808 ALEX CARPET INSTALLATION, INC. Principal Place of Business Mailing Address 603 VERNON AVE. 603 VERNON AVE. CRESCENT CITY, FL 32112 CRESCENT CITY, FL 32112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122006 CR2E034 (11/05) 4. FELNumber 376 5 33 6 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST TITLE TATLE Change Addition ☐ Detete **HUERTA, OTONIEL** NAME NAME STREET ADDRESS STREET ADDRESS 603 VERNON AVE. CITY-ST-ZIP CRESCENT CITY, FL 32112 CITY-ST-ZIP Detete TITLE [*] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(1Y-S1-Z)2 for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director port is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report is true and accur of the corporation or the receiver or trustee empowered to exec changed, or on an attachment with an address, with all other true. not qua ate and SIGNATURE: SIGNATURE AND TYPED OF Daytime Phone # OFFICER OR DIRECTOR Date