
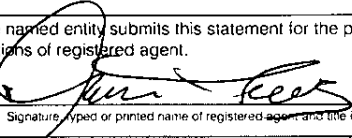
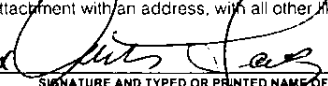


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90181 026 ***150.00

DOCUMENT # P06000006298 1. Entity Name ALVARADO CARPET INSTALLATION INC			
Principal Place of Business 1108 NW 22ND PLACE CAPE CORAL, FL 33993		Mailing Address 1108 NW 22ND PLACE CAPE CORAL, FL 33993	
2. Principal Place of Business - No P.O. Box # 2001 NW 3rd Ave.		3. Mailing Address 2001 NW 3rd Ave.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CAPE CORAL FL.		City & State CAPE CORAL FL	
Zip 33993		Zip 33993	
Country 		Country 	
4. FEI Number 20-4076951		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARADO, JOSE 1108 NW 22ND PLACE CAPE CORAL, FL 33993		7. Name and Address of New Registered Agent Name ALVARADO, JOSE. Street Address (P.O. Box Number is Not Acceptable) 2001 NW 3rd Ave. City CAPE CORAL FL Zip Code 33993	
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  JOSE ALVARADO. DATE 04/11/07. <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PRES ALVARADO, JOSE 1108 NW 22ND PLACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2001 NW 3rd Ave CAPE CORAL FL 33993	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  JOSE ALVARADO		Date 04/11/07 Daytime Phone # (239) 462-8258	