


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90033 030 ***155.00

DOCUMENT # P06000022977
 1. Entity Name
 CARPETS FOR ALL, CORP.



Principal Place of Business
 142 SUE DR.
 ALTAMONTE SPRINGS FL 32714

Mailing Address
 142 SUE DR.
 ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business - No P.O. Box #
 1290 Northridge Blvd
 Suite, Apt. #, etc. 1212

3. Mailing Address
 1290 Northridge Blvd
 Suite, Apt. #, etc. 1212

1st MOORE CR2E034 (10/06)

City & State
 Cleermont FL

City & State
 Cleermont FL

Zip
 34711

Country
 USA

Zip
 34711

Country
 USA

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MATUTE, RICARDO
 142 SUE DR.
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name: Ricardo Matute
 Street Address (P.O. Box Number is Not Acceptable): 1290 Northridge Blvd
 APT 1212
 City: Cleermont FL FL Zip Code: 34711

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	MATUTE, RICARDO 142 SUE DR. ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	
TITLE V	MATUTE, MILDRE 142 SUE DR. ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	
TITLE NAME		<input type="checkbox"/> Delete	
TITLE NAME		<input type="checkbox"/> Delete	
TITLE NAME		<input type="checkbox"/> Delete	
TITLE NAME		<input type="checkbox"/> Delete	

TITLE P	MATUTE RICARDO 1290 NORTH RIDGE BLVD APT 1212 CLEERMONT FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	MATUTE MILDRE 1290 NORTH RIDGE BLVD APT 1212 CLEERMONT FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<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 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: Mildre O. Matute 30 APR 07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #