

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000104248	
1. Entity Name EXECUTIVE CARPETS INC.	



FILED

07 SEP 13 AM 8:58

SECRETARY OF STATE



Principal Place of Business 424 NE 28 ST WILTON MANORS FL 33334	Mailing Address 424 NE 28 ST WILTON MANORS FL 33334
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1700 NW 43 ST	3. Mailing Address Suite, Apt. #, etc. 1700 NW 43 ST
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2nd MOORE CR2E034 (4/07)

City & State OAKLAND PARK, FL	City & State OAKLAND PARK, FL
Zip 33309	Country BROWARD
Zip 33309	Country BROWARD

4. FEI Number 41-222555	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, JOSEPH 424 NE 28 ST WILTON MANORS FL 33334	
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7. Name and Address of New Registered Agent Name MILLER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1700 NW 43 ST City OAKLAND PARK FL Zip Code 33309	
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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 _____ DATE 9/5/07 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MILLER, JOSEPH 424 NE 28 ST WILTON MANORS FL 33334		300109723579 09/20/07--01070--009 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 9/5/07 DAYTIME PHONE # 954-684-9936