

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

04-30-2008 90207 010 ***150.00

DOCUMENT # P07000017696					
1. Entity Name FAMILY CARPET INSTALLATION AND REPAIR CORP					
Principal Place of Business 8060 NW 10 ST 3 MIAMI, FL 33126			Mailing Address 8060 NW 10 ST 3 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-8444121	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent -				7. Name and Address of New Registered Agent	
CAYAMA, JEREMMY 8060 NW 10 ST— 3 MIAMI, FL 33126				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 _____ (NOTE: New Current Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P CAYAMA, JEREMMY 8060 NW 10 ST SUITE 3 MIAMI, FL 33126		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUBILLAN, NOHELIA 8060 NW 10 ST SUITE 3 MIAMI, FL 33126		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		☐ Delete		
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 _____					

A. Noelia Cubillan

Vice-President