2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P07000127224 02-14-2008 90032 004 ***150.00 **OGANDO'S CARPETS CORPORATION** Principal Place of Business Mailing Address 40025388 3167 NW 32 ST. 3167 NW 32 ST. MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 26- 14935ə1 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 OGANDO, ALEJANDRO N Street Address (P.O. Box Number is Not Acceptable) 3167 NW 32 ST. MIAMI, FL 33142 City Zip Code FL 8. The above named of tity, 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition OGANDO, ALEJANDRO N NAME NAME 3167 NW 32 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of fusion or the receiver of fusion and that my signature is a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receichanged, or on an attachmen an address, with all other like empowered.

FILED

2/8/2008

Feb 14, 2008 8:00 am