

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073101

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** CARRANZA ISAAC CARPET INC.

**Current Principal Place of Business:**

9536 PRINCETON SQ BLVD  
1207  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9536 PRINCETON SQ BLVD  
1207  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIVERSITY INSURANCE, INC.  
9770 BAYMEADOWS RD  
131  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARRANZA, ISAAC  
Address: 9536 PRINCETON SQ BLVD #1207  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ISAAC CARRANZA

PR

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date