


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90017 046 ***150.00

DOCUMENT # P92000005452
 1. Entity Name
 CARPETS PLUS OF DEERFIELD BEACH, INC.




Principal Place of Business: 81 SOUTH FEDERAL HIGHWAY, DEERFIELD BEACH FL 33441
 Mailing Address: 81 SOUTH FEDERAL HIGHWAY, DEERFIELD BEACH FL 33441

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

J4U1000J



MOORE CR2E034 (11/03)

4. FEI Number: **65-0369360**
 Applied For: _____
 Not Applicable: _____
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MASTERSON, STEVEN
 5040 SW 11TH PLACE
 MARGATE FL 33028

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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: D	MASTERSON, STEVEN	TITLE:	
NAME:	5040 SW 11TH PL	NAME:	
STREET ADDRESS:	MARGATE FL 33068	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: V	MASTERSON, MAYRA	TITLE:	
NAME:	5040 SW 11TH PLACE	NAME:	
STREET ADDRESS:	MARGATE FL 33068	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  3/10/04
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR