


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

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



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



DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0369360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASTERSON, STEVEN
5040 SW 11TH PLACE
MARGATE, FL 33028

DO NOT WRITE IN THIS SPACE

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: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERSON, STEVEN 5040 SW 11TH PL MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASTERSON, MAYRA 5040 SW 11TH PLACE MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000180534
 01/14/05-80009-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 1-11-5
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #