

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000023548

1. Entity Name

CARPET SALES & DISTRIBUTORS, INC.



FILED
Feb 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

2101 W. ATLANTIC BLVD.
126
POMPANO BEACH FL 33069
US

Mailing Address

2101 W. ATLANTIC BLVD
126
POMPANO BEACH FL 33069
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

65-0394888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

ZATKOWSKY, BRAIN
6018 NW 80TH TERRACE
POMPANO BEACH FL 33067

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

Signature, typed or printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE: P ☐ Delete
NAME: DOLIN, ALLAN R.
STREET ADDRESS: 1800 S OCEAN BLVD, STE #907
CITY-ST-ZIP: POMPANO BEACH FL 33062

TITLE: V ☐ Delete
NAME: ZATKOWSKY, BRAIN
STREET ADDRESS: 6018 NW 80TH TERRACE
CITY-ST-ZIP: POMPANO BEACH FL 33067

TITLE: SRT ☐ Delete
NAME: DOLIN, LINDA J
STREET ADDRESS: 1800 S OCEAN BLVD STE 907
CITY-ST-ZIP: POMPANO BEACH FL 33062

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000627559
CITY-ST-ZIP: 02/15/07-80067-002 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

ALLAN R. DOLIN *1/29/07* *954 969-0000*