


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90015 048 ***150.00

DOCUMENT # P94000013096 1. Entity Name CARPET FAIR, INC.	
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Principal Place of Business 3200 N. FEDERAL WAY, #206-12 BOCA RATON, FL 33431	Mailing Address 3200 N. FEDERAL WAY, #206-12 BOCA RATON, FL 33431
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03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0472473	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent ELIOVITZ, BARUCH 3200 N FEDERAL HIGHWAY BOCA RATON, FL 32431

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIOVITZ, BARRY 18863 SCHOONER DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELIOVITZ, MEIRA 18863 SCHOONER DRIVE BOCA RATON, FL 33496
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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)(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: BARRY ELIOVITZ 3/16/05 561-393-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #