

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90277 045 ***150.00

DOCUMENT # P94000013096

1. Entity Name
CARPET FAIR, INC.



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

1701 N. FEDERAL HWY. SUITE-B
BOCA RATON, FL 33432 60027456

2. Principal Place of Business

1701 N. FEDERAL HWY
BOCA RATON, FL 33432

3. Mailing Address

1701 N. FEDERAL HWY
BOCA RATON, FL 33432

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

Zip

33432

Country

03122006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0472473

Applied For

Not Applicable

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ELIOVITZ, BARRY
STREET ADDRESS 18863 SCHOONER DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE VP ☐ Delete
NAME ELOVITZ, MEIRA
STREET ADDRESS 18863 SCHOONER DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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

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 Chapter 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 #