


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000034229		
1. Entity Name WHOLESALE ORIENTAL RUGS, INC.		
Principal Place of Business 1444 BISCAYNE BLVD. SUITE 220 MIAMI, FL 33132		Mailing Address 1444 BISCAYNE BLVD. SUITE 220 MIAMI, FL 33132
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">04282004 No Chg-P CR2E034 (10/03)</div> <div style="display: flex; justify-content: flex-end;"><div>4. FEI Number 65-0577280</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: flex-end;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent OLLE, DENNIS J OLLE, MACAULAY & ZORRILLA, P.A. 201 S. BISCAYNE BLVD., SUITE 1402 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAKIB-PANAH, JACOB 1444 BISCAYNE BLVD., SUITE 220 MIAMI, FL 33132	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEDIGHIM, SIAMAC 1444 BISCAYNE BLVD., SUITE 220 MIAMI, FL 33132	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS 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:  SIAMAC SEDIGHIM		Date: 4/27/04 Daytime Phone: 305-374-3971