2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000034229

1. Entity Name

WHOLESALE ORIENTAL RUGS, INC.



Principal Place of Business

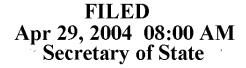
1444 BISCAYNE BLVD.

SUITE 220 MIAMI, FL 33132 Mailing Address

1444 BISCAYNE BLVD.

SUITE 220

MIAMI, FL 33132





DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0577280 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registers				d Agent signature	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		Campaign Final nd Contribution.	· -	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
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					U90000140173 04/29/04-88152-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						