2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034229

City-St-Zip:

Entity Name: WHOLESALE ORIENTAL RUGS, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1444 BISCAYNE BLVD. SUITE 220 MIAMI, FL 33132 **Current Mailing Address: New Mailing Address:** 1490 BISCAYNE BLVD MIAMI, FL 33132 FEI Number: 65-0577280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIAMAC, SEDIGHIM 1490 BISCAYNE BLVD MIAMI, FL 33132 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SHAKIB-PANAH, JACOB SHAKIB-PANAH, JACOB Name: Name: 1444 BISCAYNE BLVD., SUITE 220 1444 BISCAYNE BLVD., SUITE 220 Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132 () Delete Title: Title: () Change () Addition Name: SEDIGHIM, SIAMAC Name: 1444 BISCAYNE BLVD., SUITE 220 Address: Address: MIAMI, FL 33132 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete Name: JOSEF, SHAKIB-PANAH Name: 1444 BISCAYNE BLVD., SUITE 220 Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33132 Title: () Delete Title: () Change (X) Addition SIAVOSH, SEDIGHIM Name: Name: Address: Address: 1444 BISCAYNE BLVD., SUITE 220

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33132

SIGNATURE: JACOB SHAKIB-PANH PD 01/20/2009