

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Mar 12, 2007 8:00 am
Secretary of State

02-16-2007 90034 050 ***150.00

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1. Entity Name
FAITH INTERNATIONAL CARPET TRADING CORP.



Principal Place of Business
**LOEHMANN'S FASHION ISLAND
18837 BISCAYNE BLVD
AVENTURA, FL 33180**

Mailing Address
**LOEHMANN'S FASHION ISLAND
18837 BISCAYNE BLVD
AVENTURA, FL 33180**

66004691



DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0617094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FAITH, KEVIN
C/O FAITH ORIENTAL RUG
18837 BISCAYNE BLVD
AVENTURA, FL 33180**

**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: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
FAITH, KEVIN
18837 BISCAYNE BLVD
AVENTURA, FL 33180**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 authority there empowered.

SIGNATURE:

Kevin Faith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #