## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 12, 2005 8:00 am Secretary of State

1/7/05(305)819.8825

DOCUMENT # P96000054447  1. Entity Name FRESH CARPET CORP.						01-12-2005 90007 047 ***158.75					
Principal Place of Business 2580 W. 2ND AVE HIALEAH, FL 33010 US			Mailing Address P.O. BOX 126962 HIALEAH, FL 33012 US					5	00018	54	
2. Principal Pl	lace of Busin	ness	3. Mailing Address								
11204 NW 14 CT Suite, Apt. #, etc.			320 S. Flamingo Rd. Suite, Apt. #, etc.			1 11800010	E LEME BITIT DAMI BETIT BYT	i Anial Alili	rifit dien alan râdi	SEI II ISEI	
			#310			01072005	Chg-P	CR2E	(10/03)		
Pembroke Pines, FL			Pembroke Pines, FL		FL_	4. FEI Numbi 65-067			<del></del>	plied For Applicable	
<sup>Zip</sup>	026	Broward		Brow		5. Certificate	of Status Desired		\$8.75 Addi		
		and Address of Current F	None		7. Name and	Address of New R	egistered	Agent			
DURAN, DASIEL					Name Andrea Laura Duran						
11264 NW 14TH COURT PEMBROKE PINES, FL 33026					Street Address (P.O. Box Number is Not Acceptable)						
				City			<u> </u>		Zin Code		
						broke 1		Fl	L 330	200	
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 trille if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE  DATE											
FILI After Ma	E NOW!!! ay 1, 200!	FEE IS \$150.00 5 Fee will be \$550.0 		□ \$5 □ Add	.00 May Be led to Fees						
TITLE	DP	OFFICERS AND D	DIRECTORS  Delete	11.	27		CHANGES TO OFF	ICERS AN	ID DIRECTORS	N 11	
NAME	DURAN, I	DASIEL	L_1 Delete	NAME	$\frac{1}{2}$	siel Dy	ran		Les Change	ESTAGOINON	
STREET ADDRESS CITY-ST-ZIP		V 14TH COURT KE PINES, FL 33026		STREET ADORES	s 112	SIEI Duran 1664 NW 14CT nbroke Pines IFL 33024					
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NAME Street address	NAI . STR					204 NU		,	22021		
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12. I hereby certify that the information supplied with this filling 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.											

Dasiel Duran, President
signature and typed or priviled name of signing officer or director

SIGNATURE: