


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P96000093372 |  |
| 1. Entity Name FLORIDA RUGS, INC. | |

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| Principal Place of Business 9357 PHILIPS HWY STE 3 JACKSONVILLE, FL 32256 US | Mailing Address 9357 PHILIPS HWY STE 3 JACKSONVILLE, FL 32256 US |
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3419730 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HAZRATI, HAMID 11529 BASKERVILLE RD JACKSONVILLE, FL 32223 |
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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 _____

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|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P HAZRATI, HAMID 11529 BASKERVILLE ROAD JACKSONVILLE, FL 32223 |
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02/08/08-80046-012 150.00

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 all other like empowered.

SIGNATURE *Hamid Hazrati* **Hamid Hazrati 1/30/08 904/519-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #