2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002560

ROBERTA, LEA SHAW

7311 NW 20TH STREET

SUNRISE, FL 33313

Name:

Address: City-St-Zip:

Entity Name: SLJ CARPET, INC.

FILED Sep 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10791 NW 53RD ST. BAY 114 SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** PO BOX 450547 SUNRISE, FL 33345 FEI Number: 65-0648798 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: SHAW, LOWELL R 1260 NW 112 WAY CORAL SPRINGS, FL 33071 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHAW, LOWELL Name: Name: 1260 NW 112 WAY Address: Address: City-St-Zip: CORAL SPGS, FL 33071 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: SHAW, CATHY Name: 1260 NW 112 WAY Address: Address: CORAL SPGS, FL 33071 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LOWELL SHAW P 09/16/2009