

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002560

Entity Name: SLJ CARPET, INC.

FILED  
Sep 16, 2009  
Secretary of State

**Current Principal Place of Business:**

10791 NW 53RD ST. BAY 114  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450547  
SUNRISE, FL 33345

**New Mailing Address:**

FEI Number: 65-0648798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, LOWELL R  
1260 NW 112 WAY  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: SHAW, LOWELL  
Address: 1260 NW 112 WAY  
City-St-Zip: CORAL SPGS, FL 33071

Title: VP ( ) Delete  
Name: SHAW, CATHY  
Address: 1260 NW 112 WAY  
City-St-Zip: CORAL SPGS, FL 33071

Title: P ( ) Delete  
Name: ROBERTA, LEA SHAW  
Address: 7311 NW 20TH STREET  
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LOWELL SHAW

P

09/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date