


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90019 010 \*\*\*150.00

<b>DOCUMENT # P97000019065</b>					
<b>1. Entity Name</b> CARPET JAMM, INC.					
<b>Principal Place of Business</b> 6863 SW 20TH ST POMPANO BEACH, FL 33068			<b>Mailing Address</b> P.O. BOX 590604 FORT LAUDERDALE, FL 33329		
<b>2. Principal Place of Business</b> 5199 NW 32 <sup>ND</sup> COURT Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5199 NW 32 <sup>ND</sup> COURT Suite, Apt. #, etc.			
City & State MARGATE, FL Zip 33063		City & State MARGATE, FL Zip 33063		03012005      Chg-P      CR2E034 (10/03)	
Country USA		Country USA		<b>4. FEI Number</b> 65-0724740	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  JOSEPH K. NOFIL 3284 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL      Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MURILLO, JORGE A 6863 SW 20TH ST POMPANO BEACH, FL 330684841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change      Addition 5199 NW 32 <sup>ND</sup> COURT MARGATE, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/14/2005 (954) 410-3213 <small>Date Daytime Phone #</small>		