



**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

MAY 1984/11

<b>DOCUMENT #</b> P97000023664			
<b>1. Entity Name</b> COBRA CARPET, INC.			
<b>Principal Place of Business</b> 1421 SOUTH OCEAN BOULEVARD #118 POMPANO BEACH FL 33062		<b>Mailing Address</b> 1421 SOUTH OCEAN BOULEVARD #118 POMPANO BEACH FL 33062	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
SKELTON, RAYMOND J 12164 SW 51ST COURT COOPER CITY FL 33330			<b>Name</b>
			<b>Street Address (</b>
			<b>City</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
SIGNATURE 		(NOTE: Registered Agent signature required)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>11.</b>	
<b>NAME</b>	BROOKS, MALCOLM R	<b>TITLE</b>	
<b>STREET ADDRESS</b>	1421 SOUTH OCEAN BLVD. APT 118	<b>NAME</b>	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33062	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	
<b>NAME</b>	BROOKS, BARBARA	<b>TITLE</b>	
<b>STREET ADDRESS</b>	1421 S OCEAN BLVD APT #118	<b>NAME</b>	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33062	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	
<b>NAME</b>		<b>TITLE</b>	
<b>STREET ADDRESS</b>		<b>NAME</b>	
<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	
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<b>NAME</b>		<b>TITLE</b>	
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<b>NAME</b>		<b>TITLE</b>	
<b>STREET ADDRESS</b>		<b>NAME</b>	
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<b>NAME</b>		<b>TITLE</b>	
<b>STREET ADDRESS</b>		<b>NAME</b>	
<b>CITY-ST-ZIP</b>		<b>STREET</b>	

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0740972</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKELTON, RAYMOND J 12164 SW 51ST COURT COOPER CITY FL 33330		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 Michael Brooks Pres. 2-27-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p><b>9. Election Campaign Financing</b>  <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be  Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, MALCOLM R 1421 SOUTH OCEAN BLVD. APT 118 POMPANO BEACH FL 33062 <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	VP BROOKS, BARBARA 1421 S OCEAN BLVD APT #118 POMPANO BEACH FL 33062 <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
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

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.

SIGNATURE Melvin B. Stosberg 2-27-03 954-784-6447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)