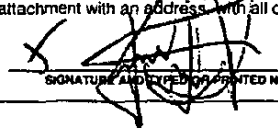


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 027 ***150.00

DOCUMENT # P98000041979 1. Entity Name SPRING CARPET, INC.					
Principal Place of Business 4599 BISON STREET BOCA RATON FL 33428			Mailing Address 4599 BISON STREET BOCA RATON FL 33428		
2. Principal Place of Business 4599 BISON ST			3. Mailing Address 4599 BISON ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0835572	
Zip 33428		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUNKES, JAIMIR 4599 BISON STREET BOCA RATON FL 33428			7. Name and Address of New Registered Agent Name JUNKES, JAIMIR Street Address (P.O. Box Number is Not Acceptable) 4599 BISON ST City BOCA RATON FL Zip Code 33428		
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNKES, JAIMIR 4599 BISON STREET BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: 					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date 4-19-04 Daytime Phone # _____					

54054874



MOORE CR2E034 (11/03)