FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90180 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012318

1. Entity Name
CUSTOM DESIGNER CARPETS, INC.

90073870

Principal Place of Business	Mailing Address
~~3030 NW 68TH ST., SUITE 206~~	~~3030 NW 68TH ST., SUITE 206~~
~~FT. LAUDERDALE, FL 33309~~	~~FT. LAUDERDALE, FL 33309~~

2. Principal Place of Business	3. Mailing Address
1312 N. Dixie Hwy	1312 N. Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale Fl.	City & State: Fort Lauderdale FL.
Zip: 33304 Country: Broward	Zip: 33304 Country: Broward

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0895374 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ASHWAS, HASSAN
300 S POWERLINE RD
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: [signature] 3/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASHWAS, HASSAN	NAME	
STREET ADDRESS	~~3030 NW 68TH ST., SUITE 206~~	STREET ADDRESS	
CITY-ST-ZIP	~~FT. LAUDERDALE, FL 33309~~	CITY-ST-ZIP	
TITLE	1504 N.E. 16 Av. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS	Ft. Lauderdale FL. 33304	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] Hassan Ashwas 3/29/03 954-570-7243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #