

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/2.

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90238 021 \*\*\*150.00

**DOCUMENT # P99000037462**

1. Entity Name  
**RIVER CARPET, INC.**



Principal Place of Business  
22220 SAND POINT DR.  
BOCA RATON, FL 33433

Mailing Address  
22220 SAND POINT DR.  
BOCA RATON, FL 33433

**66424425**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0914967</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent

SILVEIRA, SINVALDO H.  
22220 SAND POINT DR.  
BOCA RATON, FL 33433

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	SILVEIRA, SINVALDO N
STREET ADDRESS	22220 SAND POINT DR.
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Sinvaldo N. Silveira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/20/04*

Date

Daytime Phone #