

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90395 038 ***150.00

DOCUMENT # P99000071127 1. Entity Name BEST CARPET & UPHOLSTERY, INC.																											
Principal Place of Business 1095 LAMPLIGHTER DR PALM BAY, FL 32907 US		Mailing Address 1095 LAMPLIGHTER DR PALM BAY, FL 32907 US																									
2. Principal Place of Business 826 Camargo Way Suite, Apt. #, etc. S-101 City & State Altomonte Springs Zip 32714 Country US		3. Mailing Address 826 Camargo Way Suite, Apt. #, etc. S-101 City & State Altomonte Springs FL Zip 32714 Country US																									
4. FEI Number 59-3592753		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MIRABEL, LOUIS 1095 LAMPLIGHTER DR. PALM BAY, FL 32907		7. Name and Address of New Registered Agent Name LOUIS Mirabel Street Address (P.O. Box Number is Not Acceptable) 868 Folda Avenue NW City Palm Bay FL Zip Code 32907																									
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: <i>[Signature]</i> Louis Mirabel Reg Agent 3/1/05 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: <i>[Signature]</i> Louis Mirabel Pres 3/1/05 795-5622 <small>(Signature and typed or printed name of signing officer or director) Date Daytime Phone #</small>																											