


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90089 039 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P99000093748</b>   |  |  |
| 1. Entity Name<br><b>COMPLETE CARPET &amp; TILE, INC.</b>                        |  |   |
| Principal Place of Business<br><b>2716 N UNIVERSITY DR<br/>SUNRISE, FL 33322</b> |  | Mailing Address<br><b>2716 N UNIVERSITY DR<br/>SUNRISE, FL 33322</b>              |

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01132006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0957703</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |  |                          |
|--|--|--|--------------------------|
| 6. Name and Address of Current Registered Agent                                  |  | 7. Name and Address of New Registered Agent        |                          |
| <b>LIEBERMAN, MARVIN<br/>880 NE 182ND STREET<br/>NORTH MIAMI BEACH, FL 33162</b> |  | Name <b>Richard Lieberman</b>                      |                          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |                          |
|  |  | <b>2716 N University Dr.</b>                       |                          |
|  |  | City <b>Sunrise</b>                                | FL Zip Code <b>33322</b> |

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 *Richard Lieberman* DATE 2/2/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LIEBERMAN, MARVIN</b>                     | NAME  |  |
| STREET ADDRESS             | <b>880 NE 182ND STREET</b>                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>NORTH MIAMI BEACH, FL 33162</b>           | CITY-ST-ZIP   |  |
| TITLE                      | D <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LIEBERMAN, PAUL</b>                       | NAME  |  |
| STREET ADDRESS             | <b>880 NE 182ND STREET</b>                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>NORTH MIAMI BEACH, FL 33162</b>           | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete            | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LIEBERMAN, RICHARD</b>                    | NAME  |  |
| STREET ADDRESS             | <b>880 NE 182ND STREET</b>                   | STREET ADDRESS  | <b>9476 Royal Palm Blvd</b>  |
| CITY-ST-ZIP                | <b>NORTH MIAMI BEACH, FL 33162</b>           | CITY-ST-ZIP   | <b>Coast Springs FL 33065</b>  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard Lieberman* DATE 2/2/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR