2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P99000100314 1. Entity Name 04-29-2005 90234 023 ***150.00 WILLIAMS'S CARPETS CORPORATION Principal Place of Business Mailing Address 4 ¥ U U U J Z & 8000 NW 75 AVE 8000 NW 75 AVE TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address ippicci AN'S Coupet Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 8000 NW. 75 AUE City & State City & State 4. FEI Number Applied For 65-0977298 THUMANAC. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Browni Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLEJO, ROSA Street Address (P.O. Box Number is Not Acceptable) 8000 NW 75 AVE TAMARAC FL 33321 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE TITLE Change Addition VALLEJO, ROSA STREET ADDRESS 8000 NW 75 AVE STREET ADDRESS TAMARAÇ FL 33321 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 ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS 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 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 suppliemental 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.

SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #

FILED