## FOR PROFIT CORPORATION

## FILED May 01, 2002 8:00 am

DO NOT WRITE IN THIS SPACE  2 Principal Place of Business Suite, Apt. #, etc.  City & State  City & State  Weston  Country  DO NOT WRITE  DO NOT WRITE  DO NOT WRITE  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent  Name Peage Weston  Street Address of Current Registered Agent	3. Mailing Address (65 A) Septine St Suite, Apt. #, etc.  City & State Weston  Guntry  Guntry  T. Name and Address of Current Registered Agent  Name  O5-01-2002 91527 011 ***150.00  ***150.00  ****  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable  \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent	DO NOT WRITE IN THIS SPACE  2 Principal Place of Business Terr 3. Mailing Address (452) Separate St.  Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE  City & State Country Not Applicable  Zip 3334 Country Stoward 3 P. 3331 Separate St.  Do Not Write in this space  4. FEL Number 6 Status Desired Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent	DO NOT WRITE IN THIS SPACE  2 Principal Place of Business 16521 Septise St Suite, Apt. #, etc.  City & State Ft Landerdale F12 City & State Weston  05-01-2002 91527 011 ***150.00  DO NOT WRITE IN THIS SPACE  05-01-2002 91527 011 ***150.00  DO NOT WRITE IN THIS SPACE  4. FEL Number Applied For Not Applicable		Connections of Ctot	^
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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.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IN THIS SPACE	DO NOT WRITE  Street Address (P.S. as Number and Acceptable)  IN THIS SPACE  Street Address (P.S. as Number and Acceptable)  [652] 5 a profile to the second	-8:-The above named entity submits this statement for the purpose of changing its re		
2		City Wester FL 33331	DO NOT WRITE  IN THIS SPACE  City Westor  Street Address (RD. dex Number of Acceptable)  City Westor  FL 710 Code 3 3 3 3 3 1	2	•	
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11. OFFICERS AND DIRECTORS	I and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Trust Fund Contribution.	8:-The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Trust Fund Contribution.	DO NOT WRITE  IN THIS SPACE  City Wester FL Zip Code  Street Address (Ro. Box Number, 6 Not Acceptable)  City Wester FL Zip Code  Signature required when reinstaling)  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Trust Fund Contribution.			
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4.6.4.4.4	or the purpose of changing its registered office or registered agent, or both, in the State of Florida.  I and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  DIRECTORS  TITLE	City Western 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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  19. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE	Street Address (R.). Box Number, and t Acceptable.  IN THIS SPACE  City Westor FL Zip Code 3 3331  8:-The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  19. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  Stressident  Street Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (R.). Box Number, And to Acceptable. (P.)  Interval Address (P.). Box Number, And the Acceptable agent, Tor Doth, In the State of Florida.  Interval Address (P.). Box Number, And the Acceptable agent, Tor Doth, In the State of Florida.  Interval Address (P.). Box Number, And the Acceptable agent, Tor Doth, In the State of Florida.  Interval Address (P.). Box Number, And the Acc	4.6.1.1.		
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME	I and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	8:-The above-named entity submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida.    Signature   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	DO NOT WRITE IN THIS SPACE  City Wester   Address (Ro. Sex Number (A) Acceptable)    Street   Address (Ro. Sex Number (A) Acceptable)			
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CITY-ST-ZIP  Weston Fi 33331  CITY-ST-ZIP  TITLE  Manager  NAME  STREET ADDRESS  CITY-ST-ZIP  Weston Fi 33331  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DO NOT WRITE	or the purpose of changing its registered office or registered agent, or both, in the State of Florida.  I and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  DDIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO NOT WRITE	City We stored the state of Fig. 7 in Code 3 3 3 3 1	DO NOT WRITE IN THIS SPACE    Street Address (Rec. Sex Number, AND Acceptable)	<b>{</b>	NAME IN THIS SPACE	
CITY-ST-ZIP  Weston Fi 33331  CITY-ST-ZIP  TITLE  Manager  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  IN THIS SPACE	Tand title if applicable. (NOTE: Registered Agent signature required when reinstating)    January 1 - May 1 Fee is \$150.00     After May 1, Fee is \$550.00     Amended UBR is \$61.25     Make Check Payable to Department of State    STREET ADDRESS     Carry-ST-ZIP     Title     NAME     STREET ADDRESS     City-ST-ZIP     City-ST-ZIP	City Weston   FL   Zip Code   3 3 3 3 1	DO NOT WRITE IN THIS SPACE    City Wester	(3) (7)	STREET ADDRESS	İ
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	City Neston FL Zip Code 3333  8:-The above named entity submits this statement for the purpose of changing its registered office of registered agent for both, in the State of Florida  SIGNATURE  Spreame, typed or printed name of registered agent and title of applicable. (MOTE: Registered Agent signature required when reinstating)  Part Title Training requirement and elects to do so. (See criteria on back)  In Deficers And Directors  Internations	DO NOT WRITE IN THIS SPACE  Street Address (File). Sax Number (4-Not Acceptable).  City Western  FL 20 Code 3 3333  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.  Signature, typec or pritted name of registered agent and total approach.  INDIE Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After May 1. Fee is \$150.00  After May 1. Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  NAME STREET ADDRESS CITY ST. 2P  TITLE  NAME STREET ADDRESS CITY ST. 2P  DO NOT WRITE  INTEL  NAME STREET ADDRESS CITY ST. 2P  DO NOT WRITE  INTEL  NAME STREET ADDRESS CITY ST. 2P  INTEL  NAME STREET ADDRESS CITY ST. 2P  INTEL  NAME STREET ADDRESS CITY ST. 2P  DO NOT WRITE  IN THIS SPACE	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	or the purpose of changing its registered office or registered agent, or both. In the State of Florida:    Indicable   Indicab	City   Neston   FL   Zip Code   S   S   S   S   S   S   S   S   S	DO NOT WRITE IN THIS SPACE  City Wester FL 32331  8:-The above named entity submits this statement for the pulpose of changing its registered office of registered agent for both, in the State of Florida.  3:GNATURE  Signute, specior present agent and tile of applicable.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (Generation in back)  11. OFFICERS AND DIRECTORS  12. DIRECTORS  13. DIRECTORS  14. DIRECTORS  15. DO NOT WRITE  16. IN THIS SPACE  17. ST. 2P  18. ST. 2P  19. ST. 2P  19. ST. 2P  10. ST. 2P  10. ST. 2P  10. ST	STREET ADDRESS CITY-ST-ZIP TITLE NAME	CITY-ST-ZIP  TITLE  NAME	
CITY-ST-ZIP  We ston Fi 33331  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  TITLE  NAME	or the purpose of changing its registered office or registered agent for both in the State of Florida.    Indicable   Indicabl	City   Nest	DO NOT WRITE IN THIS SPACE    Street Address*   Section	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	
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DO NOT WRITE  IN THIS SPACE  7. Name and Address of Current Registered Agent  Name  Street Address (R.D. Dex Number and Acceptable)  165315 2 10 10 10 10 10 10 10 10 10 10 10 10 10	7. Name and Address of Current Registered Agent  Name	7. Name and Address of Current Registered Agent		Zip 334   Country 333351-	5. Certificate of Status Desired   \$8.75 Additional Fee Required	ıt
To Name and Address of Current Registered Agent  Name  Street Address (Ro. Dex Number and Acceptable)  IN THIS SPACE  7. Name and Address of Current Registered Agent  Name  Street Address (Ro. Dex Number and Acceptable)  1653153000000000000000000000000000000000	7. Name and Address of Current Registered Agent  Name	7. Name and Address of Current Registered Agent	Zip 3 3 4 Country Sip 3 3 4 Country Sip 3 3 4 Country See Required 5. Certificate of Status Desired Fee Required		650223710 Not App	licable
Tip 334 Country Stroward 33331 Gountry Stroward 5. Certificate of Status Desired \$8.75 Additional Fee Required  To Name and Address of Current Registered Agent  Name Peggy Verga  Street Address (Ro. Box Number Schot Acceptable)  IN THIS SPACE  To Not Applic	Suntry   The state of Status Desired   Status Des	++ Lauderdale +12 Weston 650222710 Not Applicable	Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE		
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Secretary of State  1. Entity Name  Peggy Veige Carpet Service Tre  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business Terr  Suite, Apt. #, etc.  City & State  Vestor  Zip 334 Country  Broward  DO NOT WRITE  IN THIS SPACE  Survey	Secretary of State  05-01-2002 91527 011 ***150.00  EIN THIS SPACE  3. Mailing Address (1531 Sapphise St Suite, Apt. #, etc.  City & State Neston  City & State  1. FEI Number 1. Suite of Status Desired  Secretary of State  05-01-2002 91527 011 ***150.00  Applied For Not Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of Current Registered Agent  Name  1.	Secretary of State  1. Entity Name  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business Suite, Apt. #, etc.  City & State  Vestor  City & State  Vestor  Suite, Apt. #, etc.  City & State  Vestor  Country  Signal Cou	DOCUMENT # 50000  1. Entity Name  Peggy leiga Carpet Service Tre  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business Terr Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  3. Mailing Address (152) Sapphise St Suite, Apt. #, etc.  City & State  City & State Weston  4. FEI Number Conditional Policy Space  Applied For Not Applicable			

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 11 or on an attachment with an addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #