2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S78745

1. Entity Name

CUSTOM RUGS INTERNATIONAL, INC.

Principal Place of Business Mailing A

3930 NORTHEAST 2ND AVENUE

SUITE 107

MIAMI, FL 33137

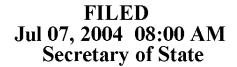
SIGNATURE

Mailing Address

3930 NORTHEAST 2ND AVENUE

SUITE 107

MIAMI, FL 33137





DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0284355 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

8. Name and Address of Current Registered Agent

ROSEN, NEIL M., AND ELIZABETH S. ROSEN 3930 NORTHEAST 2ND AVENUE SUITE 107 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

No Chg-P

•					
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A				Agent signature required when reinstating) DATE	
FILE NOWILL FEE IS \$150.00 Due by September 8, 2004		Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, NEIL M. 3930 N.E. 2ND AVE #107 MIAMI, FL				U00000163852 07/07/04-80020-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, ELIZABETH S. 3930 N.E. 2ND AVE #107 MIAMI, FL				
TITLE NAME STREET AUDRESS COTY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 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 comporation or the receiver or trustee empowered to execute this report of 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 to					