

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90094 016 ***150.00

DOCUMENT # V44549

1. Entity Name
ACE RUG WORKROOM OF BROWARD, INC.



Principal Place of Business
5045 NE 12TH AVE
FT LAUDERDALE, FL 33308

Mailing Address
5045 NE 12TH AVE
FT LAUDERDALE, FL 33308



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0341825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FIALKOWSKI, FRED
5045 NE 12TH AVE
FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

B. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIALKORWSKY, FRED
STREET ADDRESS	20978 SHADY VISTA LN
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP
NAME	FIALKORWSKY, GLORIA
STREET ADDRESS	20978 SHADY VISTA LN
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Fred Fialkowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Date

954-771-5205

Daytime Phone #