## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90061 049 \*\*\*150.00 **DOCUMENT #V44549** 1. Entity Name ACE RUG WORKROOM OF BROWARD, INC. Principal Place of Business Mailing Address 40061876 5045 NE 12TH AVE 5045 NE 12TH AVE FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04092007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0341825 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIALKOWSKI, FRED Street Address (P.O. Box Number is Not Acceptable) 5045 NE 12TH AVE FT LAUDERDALE, FL 33308 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITE ☐ Delete TITLE ☐ Change ☐ Addition FIALKORWSKY, FRED NAME NAME STREET ADDRESS 20978 SHADY VISTA LN STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-7IP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FIALKORWSKY, GLORIA NAME STREET ADDRESS 20978 SHADY VISTA LN STREET ADDRESS BOCA RATON, FL 33428 CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Tred Frakou FRED FIALK
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRED FIALKOWSKY

4-11-07 Date

954-771-5205

Daytime Phone #

**FILED**