2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED May 04, 2005 8:00 am Secretary of State

4-26-05

DOCUMENT # V70280 1. Entity Name DYNASTY CARPET WAREHOUSE INC.							05-04-2005 90160 013 ***158.75				
Principal Place of Business 701 NE 23RD ST. STE 201 MIAMI, FL 33137 US			9	lailing Address 701 NE 23RD ST. STE 201 MIAMI, FL 33137			1 1881 BIN BIN BIN 1880 BIN 88	Lainii 8081 058		1 28 1 14 11	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04262005	Chg-P	CR2E00	34 (10/03)		
City & State				City & State	···	4. FEI Numb			Not	plied For t Applicable	
Zip į	6. Name and Address of Current F			Zip	try	5. Certificate of Status Desired					
	` 6. Name a	ind Address of	Current Regis	stered Agent		7. Name and Address of New Registered Agent Name					
AYAD, JORGE 701 NE 23RD ST.						Street Address (P.O. Box Number is Not Acceptable)					
APT. 201 MIAMI, FL 33137						<u> </u>			-		
						City			FL	Zip Code	3
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)											
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.							5.00 May Be ided to Fees				ļ
10.	OFFICERS AND D			CTORS		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	P NAS ISSES			☐ Delete					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	AYAD, JORGE 701 NE 23RD ST., APT. 201 MIAMI, FL 33137				f. Et address -st-zip						
TITLE				Delete TITLE		4				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADORESS • ST-ZIP					
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12. I hereby certify that the information supplied with this fifting 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 cath; that I am an officer or director of 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 attachem with an address with all other like empowered.											