

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90084 026 \*\*\*150.00

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01172005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 653669</b> 1. Entity Name <b>SUNSHINE CARPET CARE, INC.</b>					
Principal Place of Business <b>2081 NW 29 STREET FORT LAUDERDALE, FL 33311</b>			Mailing Address <b>2081 NW 29 STREET FORT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business <b>6881 NW 16 Terrace</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>6881 NW 16 Terrace</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>FORT LAUDERDALE, FL</b> <small>Zip</small> <b>33309</b> <small>Country</small> <b>USA</b>		City & State <b>FORT LAUDERDALE, FL</b> <small>Zip</small> <b>33309</b> <small>Country</small> <b>USA</b>		4. FEI Number <b>59-1996092</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSENFELD, STEVEN 2081 NW 29 ST FT LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>ROSENFELD, STEVEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6881 NW 16 TERRACE</b> City <b>FORT LAUDERDALE</b> <b>FL</b> <small>Zip Code</small> <b>33309</b>		
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 <b>STEVEN ROSENFELD</b> <b>1/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROSENFELD, STEVEN 2081 NW 29 STREET FORT LAUDERDALE, FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>STEVEN ROSENFELD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/18/05 954 9579705</b> <small>Date Daytime Phone #</small>		