## ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #679781**

1. Entity Name

THE BEST CARPET CLEANING SYSTEM, INC.



Principal Place of Business

400 KINGS PT DR 724

· J. ' Z.

NORTH MIAMI BEACH, FL 33160

Mailing Address

P.O. BOX 60563

NORTH MIAMI BEACH, FL 33160

## **FILED** Apr 30, 2008 08:00 AM Secretary of State



04272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2015923

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TARRADELL, EUSEBIO F. 4840 NW 184 TERR. MIAMI, FL 33055

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or be	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: Registere	d Agent signature	required when reinstating)	OATE .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees	Hinnningspoor	
<b>.10.</b> · ·	. OFFICERS AND DIREC	TORS	]		05/22/08-80100-013/150,00	
NAME STREET ADDRESS CITY-ST-ZIP	P CRISTANCHO, CARLOS 400 KINGS POINT DR 724 N MIAMI BEACH, FL					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	ST CRISTANCHO, LUZ M. 400 KINGS POINT DR, 724 N MIAM! BEACH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISTANCHO SEGAL, LUZ CAROLINA 68-055 AKULA ST., #402 WAIALUA, HI 96791			DO NOT WRITE		
TITLE NAME SIREET ADDRESS CITY-SI-ZIP	D CRISTANCHO, KARINA 400 KINGS POINT DR. #724 NORTH MIAMI BEACH, FL		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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

STREET ADDRESS City-St-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #