

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # K12677
1. Entity Name
A AFFORDABLE CARPET AND MAINTENANCE INC.



Principal Place of Business 297 NW 23RD STREET MIAMI, FL 33127	Mailing Address 297 NW 23RD STREET MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



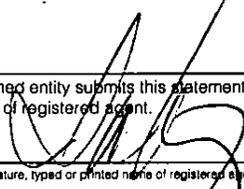
01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0022442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NARANJO, IVETTE F
9000 NE 4TH AVE.
MIAMI, FL 33138**

DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **2/2/08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

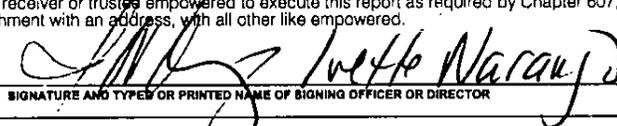
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARANJO, IVETTE 9000 NE 4TH AVE. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000815097
02/13/08-80071-004 150.00

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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.

SIGNATURE:  **Ivette Naranjo** DATE: **2/2/08** (305) 382-9382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #