

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000032331

1. Entity Name

READY RUDY CARPET CLEANING, INC.



Principal Place of Business

7863 N W 194TH STREET
MIAMI, FL 33015

Mailing Address

7863 N W 194TH STREET
MIAMI, FL 33015



04122005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1104883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FIGUEROA, EUGENIO
1984 N W 179TH AVENUE
PEMBROKE PINES, FL 33029

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME FIGUEROA, EUGENIO
STREET ADDRESS 1984 N W 179TH AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE VP
NAME FIGUEROA, IRVING
STREET ADDRESS 7863 N W 194TH STREET
CITY-ST-ZIP MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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04/18/05-80034-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #