
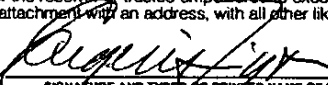


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2006 SEP 19 PM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
2. Principal Place of Business		3. Mailing Address 1984 NW 179 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pembroke Pines	
Zip	Country	Zip 33029	Country
6. Name and Address of Current Registered Agent FIGUEROA, EUGENIO 1984 N W 179TH AVENUE PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FIGUEROA, EUGENIO 1984 N W 179TH AVENUE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080194847 09/26/06--01075--022 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FIGUEROA, IRVING 7863 N W 194TH STREET MIAMI, FL 33015 <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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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.		B 9/21/06	
SIGNATURE: 		9/7/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	