2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061667

City-St-Zip:

MIAMI, FL 33142

Entity Name: COASTAL CARPET & UPHOLSTERY CARE, INC.

FILED Apr 16, 2005 Secretary of State

Littly Na	ille. COASTA	AL CARPET & OFFICESTER TO	JARE, INC.		
Current P	rincipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
4595 NW 3 MIAMI, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4595 NW 3 MIAMI, FL					
FEI Number	: 65-1113811	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CICERO, LISA B ESQ 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES, FL 33134 US			CICERO, LISA B ESQ 4595 NW 37 COURT MIAMI, FL 33142 US	4595 NW 37 COURT	
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/16/2005	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (CICERO, MAT 4595 NW 37 C MIAMI, FL 33	COURT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D (CICERO, LISA 4595 NW 37 C MIAMI, FL 33	COURT	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (MALAMUD, NE 4595 NW 37 C		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MATHEW CICERO D 04/16/2005