


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P01000061667
 1. Entity Name
 COASTAL CARPET & UPHOLSTERY CARE, INC.



Principal Place of Business 3100 NW 72ND AVENUE SUITE 113 MIAMI, FL 33122	Mailing Address 3100 NW 72ND AVENUE SUITE 113 MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1113811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CICERO, LISA B ESQ
 3100 NW 72ND AVENUE
 SUITE 113
 MIAMI, FL 33122

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

00000908355
 05/06/08-80027-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CICERO, MATHEW 3100 NW 72 AVE, SUITE 113 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CICERO, LISA 3100 NW 72 AVE, SUITE 113 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MALAMUD, NEIL 3100 NW 72 AVE, SUITE 113 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

MAT CICERO