

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066511

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** ALL IN ONE CARPET, FURNITURE AND TILE CLEANING, INC.

**Current Principal Place of Business:**

17085 32ND LANE N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

17085 32ND LANE N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-1123773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SORIANO, MICHAEL  
17085 32ND LANE N  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SORIANO, MICHELLE  
**Address:** 17085 32ND LANE N  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** V  
**Name:** SORIANO, MICHAEL  
**Address:** 17085 32ND LANE N  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** D  
**Name:** FUERSTENAU, RICHARD  
**Address:** 5124 ADAMS RD  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

**Title:** D  
**Name:** FUERSTENAU, SHELLEY  
**Address:** 5124 ADAMS RD  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

I hereby 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 all other like empowered.

**SIGNATURE:** MICHELLE SORIANO

PRES

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date