

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90324 025 \*\*\*150.00

**DOCUMENT # P01000103776**

1. Entity Name  
**PRECISION PLUS CARPET CARE, INC.**



Principal Place of Business  
**1941 SW 36 Avenue**  
**FORT LAUDERDALE, FL 33312**

Mailing Address  
**1941 SW 36 Avenue**  
**FORT LAUDERDALE, FL 33312**

**66019268**



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1150196**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**MARTINEZ, RAFAEL A**  
**FORT LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

9. 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

*Rafael A Martinez*

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

(NOTE: Registered Agent signature required when retreating)

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	D
NAME	MARTINEZ, RAFAEL A
STREET ADDRESS	1941 SW 36 Avenue
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	MARTINEZ, LEONARDA
STREET ADDRESS	1941 SW 36 Avenue
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Rafael A Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/25/05**

Date

Daytime Phone #