2004 FOR PROFIT CORPORATION ANNUAL-REPORT

Secretary of State DOCUMENT # P02000034218 1. Entity Name 05-05-2004 90193 001 ***150.00 NEAPOLITAN CARPET CLEANING, INC. Principal Place of Business Mailing Address 2370 NAPLES TRACE OR #2 2370 NAPLES TRACE CIR #2 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address 1221 AM SISW 1221 19th St. 650 Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chn-P CR2E034 (10/03) City & State Naples, FL City & State Applied For 4 FFI Number Naples FL 04-3628958 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ollier 6. Name and Address of Current Registered Agent 7. Hame and Address of New Registered Agent Same-Kyle Albero ALBERO, KYLE L Street Address (P.O. Box Number is Not Acceptable) 2370 NAPLES TRACE CIR #2 NAPLES, FL 34109 City Naples 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. Lam familiar with, and accept the obligations of registered agent. e, apped or prested seme of registered agent and title if applicable. (NOTE: Registered Agent signature required when renestation) \$5.00 May Be 9. Election Campaign Financing FILE NOWN! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Deficie TITLE Sme ☐ Change ☐ Addition ALBERO, KYHE L NAME PANE IZZI 19th St SW STREET ACCORESS 2370 NAPLES TRACE #2 SIRFET ADDRESS P3734 - \$11 - 219 NAPLES, FL 34109 CITY-ST-ZIP JAP122, FC 34117 TILE! ☐ Defete TITLE ☐ Chance Addition NAME MANE STHEFT ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTAL C ☐ Change ☐ Addition MANE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CYTY_ST_ZP TITLE ☐ Delete TATLE ☐ Change ☐ Addition 対点をおす NAME STREET ADDRESS STREET ATTORESS. CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition WIE MARKE STREET ACCORESS STREET ACCRESS CITY-ST- AP CITY-SI-ZP TITLE □ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP 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 charged, or on an attachment with an address, with all other like empowered. Ky How

& AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

FILED

May 05, 2004 8:00 am