2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

ANNUAL KEPUKI					Secretary of State				
DOCUMENT # P02000098680					05-01-2006 90353 011 ***150.00				
1. Entity Name QUALITY 1 CARPET-CLEANING, INC.									
Principal Plac	e of Business	Mailing Address							
850 NE 168		850 NE 168TH ST				• .			
N MIAMI BCH	1, FL 33162 : 191 St. LP-8_	N MIAMI BCH, FL 33162 3300 N € 19151	z LP-8						
AVedur	a, F.L 33180	Avedura, F.L	33 80						
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 1915+ 1915			1151						
Suité, Apt. #, etc. APT LP-8 Suite, Apt. #, etc. APT LP-8			P		03172006	Chg-P	CR	22E034 (11/05)	
City & Stat	ofwa, F.	AVQs)VV	F.L		4. FEI Number 11-365				oplied For ot Applicable
33/8	Country	33180	Country		5. Certificate	of Status Des	sired 🔲	\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent	Name		7. Name and	Address of	New Registe	red Agent	
AZRAN, YONI								,	
3300 NE 192ND ST			Street A	ddress (P	O. Box Numb	r is Not Acce	72 Pap	St 6	_P &
#1903 AVENTURA, FL 33180				-		-			•
				(((((((((((Hura	- <u>-</u> 2		FL Zip Cod	33180
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE									
FILE NOW!!! FFF IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	1	· -		d to Fees				
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/	CHANGES TO	OFFICERS	AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	AZRAN, YONI 3300 NE 192ND ST #1903		NAME Street address	32	W 00	نه)رع	st 5+	IPR	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Di	enti v	~ 'Æ'	236	(XO)	
TITLE	VPS	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	AZRAN, YAKIRA GRETAH 850 NE 168TH ST.		NAME STREET ADDRESS	31,	50 NC	امار	t2 Br	$*(\rho g$	•
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP	\widetilde{Z}	. A a.	~ (4)	1 Z	CLIS	>
TITLE		☐ Delete	TITLE		CREATE	1	<u> </u>	Change	Addition
NAME _		:	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS		·	NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		-			☐ Change	☐ Addition
NAME	{	•	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						_
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	1		CITY-ST-ZIP						

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 tripstee 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:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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