## 2004 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # P0200010227,6 THE RIGHT WAY CARPET CLEANING CORP. Principal Place of Business Mailing Address 195 JALAPA DR 195 JALAPA DR KISSIMMEE, FL 34743 US KISSIMMEE, FL 34743 CR2E034 (10/03) 04212004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1442777 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OJEDA, SAMUEL DO NOT WRITE 195 JALAPA DR KISSIMMEE, FL 34743 IN THIS SPACE 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE OJEDA, SAMUEL NAME STREET ADDRESS 195 JALAPA DR KISSIMMEE, FL 34743 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS City-ST-ZiP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04. Date Daybrie Phone #