

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90115 009 ***150.00

DOCUMENT # P02000102276

1. Entity Name
THE RIGHT WAY CARPET CLEANING CORP.



Principal Place of Business
195 JALAPA DR
KISSIMMEE, FL 34743 US

Mailing Address
195 JALAPA DR
KISSIMMEE, FL 34743 US

50051242



2. Principal Place of Business
12844 Gettysburg Cr.
Suite, Apt. #, etc.

3. Mailing Address
12844 Gettysburg Cr.
Suite, Apt. #, etc.

05052005 Chg-P CR2E034 (10/03)

City & State
Orlando, FL
Zip
32837
Country

City & State
Orlando, FL
Zip
32837
Country

4. FEI Number
37-1442777
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OJEDA, SAMUEL
195 JALAPA DR
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OJEDA, SAMUEL
STREET ADDRESS 195 JALAPA DR
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Ojeda

Date

Daytime Phone #