2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000102276

1. Entity Name

THE RIGHT WAY CARPET CLEANING CORP.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

11329 CAMUS LN ORLANDO, FL 32824 U Mailing Address

11329 CAMUS LN ORLANDO, FL 32824

US



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P

CR2E034 (11/05)

4. FEI Number 37-1442777

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

OJEDA, SAMUEL 195 JALAPA DR KISSIMMEE, FL 34743

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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 little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE n OJEDA, SAMUEL NAME 11329 CAMUS LN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000759286 05/24/07-80036-016 150.00

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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 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

Date

Daytime Phone #