## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P03000007873 04-12-2004 90308 010 \*\*\*158.75 1. Entity Name A1-CARPET CLEANING SERVICES, INC. Principal Place of Business Mailing Address 14047041 2400 HUNTER BLVD 2241 ARBOUR WALK CIRCLE 617 NAPLES, FL 34116 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address 11095 Windsong Circle 11095 Windsong Circle Suite, Apt. #, etc Apt. # 201 Apt # 20 , etc 02122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Maples, Fl 34109 Naples, Fl 34109 02-0685026 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34109 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANCHEZ, LUIS A <u>SANCHEZ, LUIS A</u> 2241 ARBOUR WALK CIRCLE Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34109 11095 Windsong Circle Apt # 201 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 SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE **★** Change PDT ☐ Addition NAME SANCHEZ, LUIS A NAME Sanchez, Luis A STREET ADDRESS 2241 ARBOUR WALK CIRCLE #617 STREET ADDRESS CHY-SI-7IP NAPLES, FL 34109 CHY-ST-ZIP 11095 Windsong Circle Apt # 201 TITLE X Delete TITLE Naples, Fl 34109 Change ☐ Addition NAME VILLEGAS, MARIA F NAME STREET ADDRESS 2241 ARBOUR WALK CIRCLE #617 STREET ADDRESS CITY-ST-7IP NAPLES, FL 34109 CITY-ST-ZIP TITLE . $\square$ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS is filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if tify that the information si report or supple the corporation e-receiver

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone