

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-04-2004 90063 023 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000031726 1. Entity Name BEST CARPET CLEANING, INC.					
Principal Place of Business 410 CAPEHART DRIVE ORLANDO FL 32822			Mailing Address 410 CAPEHART DRIVE ORLANDO FL 32822		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 720536 Suite, Apt. #, etc.			
City & State ORLANDO		City & State ORLANDO		4. FEI Number 571157740	
Zip FL 32822	Country ORLANDO	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ELSAIED, NAJLAA E 410 CAPEHART DRIVE ORLANDO FL 32822			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 <u><i>Najlaa</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT	NAME NAJLAA EMAM ELSAYED		TITLE Change	NAME Addition	
STREET ADDRESS 410 CAPEHART DR.	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS Change	CITY-ST-ZIP Addition	
TITLE V.P.	NAME AZMY ELSAYED		TITLE Change	NAME Addition	
STREET ADDRESS 410 CAPEHART DR.	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS Change	CITY-ST-ZIP Addition	
TITLE CH	NAME SALEH ELSAYED		TITLE Change	NAME Addition	
STREET ADDRESS 2471 PRINCESS CAROL CT	CITY-ST-ZIP ORLANDO, FL 32827		STREET ADDRESS Change	CITY-ST-ZIP Addition	
TITLE Change	NAME Addition		TITLE Change	NAME Addition	
STREET ADDRESS Change	CITY-ST-ZIP Addition		STREET ADDRESS Change	CITY-ST-ZIP Addition	
TITLE Change	NAME Addition		TITLE Change	NAME Addition	
STREET ADDRESS Change	CITY-ST-ZIP Addition		STREET ADDRESS Change	CITY-ST-ZIP Addition	
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: <u><i>Najlaa</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-28-04</u> Daytime Phone # <u>407-382-8322</u>		