

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P03000066516		
1. Entity Name <b>CLEAN UP-CREW CARPET &amp; UPHOLSTERY CLEANING CORP.</b>		
Principal Place of Business <b>8307 ROYAL PALM BLVD. CORAL SPRINGS FL 33065</b>		Mailing Address <b>8307 ROYAL PALM BLVD. CORAL SPRINGS FL 33065</b>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent  <b>OLIVEIRA, JACQUELINE 8307 ROYAL PALM BLVD. CORAL SPRINGS FL 33065</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
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.  <i>Jacqueline Oliveira</i>		DATE <i>2/19/04</i>
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$150.00 <small>After May 1, 2004, Fee will be \$550.00</small> 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 NAME STREET ADDRESS CITY-ST-ZIP	President <i>Jacqueline Oliveira 8307 Royal Palm Blvd. Coral Springs, FLA. 33065</i>	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE 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: <i>Jacqueline Oliveira</i>		Date <i>2/19/04</i> Daytime Phone # <i>(754) 224-8008</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

**FILED  
Mar 15, 2004 8:00 am  
Secretary of State**

02-25-2004 90014 049 \*\*\*150.00

**66406108**



MOORE CR2E034 (11/03)

4. FEI/Number **900002936**  Applied For  
 Not Applicable

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

**FL** Zip Code