

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000086490

1. Entity Name
CHOCO'S CARPET CLEANING, INC.



Principal Place of Business
**1888 BAYSHORE BOULEVARD
PORT ST. LUCIE, FL 34984**

Mailing Address
**1888 BAYSHORE BOULEVARD
PORT ST. LUCIE, FL 34984**



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0586847

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952**

**DO NOT WRITE
IN THIS SPACE**

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 Socrates Mejia
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/10/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEJIA, SOCRATES
1888 BAYSHORE BOULEVARD
PORT ST. LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/12/05-80052-006 150.00

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IN THIS SPACE**

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: Socrates Mejia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05 772
744-1899