

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90020 005 \*\*\*150.00

<b>DOCUMENT #</b> P000124603	
<b>1. Entity Name</b>	
LORDS & LEOS CARPET CLEANING CORP	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4132 NW 88TH AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4132 NW 88TH AVE Suite, Apt. #, etc.	
<b>City &amp; State</b> CORAL SPRINGS, FL		<b>City &amp; State</b> CORAL SPRINGS	
<b>Zip</b> 33065	<b>Country</b> US	<b>Zip</b> 33065	<b>Country</b> US

**54016846**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 56-2408762		<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

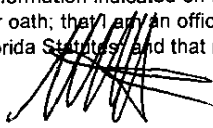
**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER LEONARDO VEGA 4132 NW 88TH AVE CORAL SPRINGS FL 33065	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT, SECRETARY ANDRES F VEGA 700 N 72 WAY HOLLYWOOD FL 33024	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonardo Vega President

1/18/2004

Date

(954) 993-5446

Daytime Phone #