

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

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b> P03000124603
<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>  Suite, Apt. #, etc.
<b>City &amp; State</b> CORAL SPRINGS, FL	<b>City &amp; State</b>
<b>Zip</b> 33065	<b>Country</b>

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>	
<b>Name</b> LEONARDO VEGA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4132 NW 88 AVE APT 101	
<b>City</b> CORAL SPRING	<b>Zip Code</b> 33065

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** \_\_\_\_\_ **4/15/2005**  
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**

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

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PRESIDENT LEONARDO VEGA 4132 NW 88 AVE CORAL SPRINGS FL 33065
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>11.</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	000000271828 03/21/05-80063-010 150.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/15/2005** **(954) 993-5446**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #