


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000016005 1. Entity Name MGA CARPET CLEANING, INC.	
---	---

Principal Place of Business 1157 SE 13TH TERRACE HOMESTEAD, FL 33035	Mailing Address 1157 SE 13TH TERRACE HOMESTEAD, FL 33035
--	--

DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

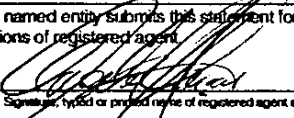
4. FEI Number 20-0647650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARAY, ANGELA M
1157 SE 13TH TERRACE
HOMESTEAD, FL 33035

**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.

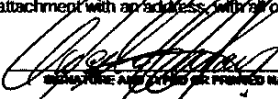
SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE 3/25/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000683526 04/05/07-80048-023 158.75
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARAY, ANGELA M 1157 SE 13TH TERRACE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARAY, MARCOS J 1157 SE 13TH TERRACE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Angela GARAY 3/25/07 305 9685163

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #