FOR PROFIT CORPORATION

FILED ATX1

5/11/2005

Date

(954) 394-9341

Daytime Phone #

DOCUMENT # P04000024592 1. Entity Name EASY CARPET & UPHOLSTERY CLEANING SERVICES INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business		ORM BUSINES	May 16, 2005 08:00 AN						
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1900 SANS SOUG BLV. Suite, Apt. #, etc. 10 NOT WRITE IN THIS SPACE 11 City & State DO NOT WRITE IN THIS SPACE 12 Country 20 Country 5. Certificate of Status Desired S4.75 Additional S4.75 Add	DOCUMENT # P04000024592					Secreta	ry of S	tate	
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Do NOT WRITE IN THIS SPACE 4. FEI Number 20.0697082 Not Applied For	EASY CARPET & UPI	HOLSTERY CLEANIN	G SERVICES INC						
1900 SANS SOUCH BLV Suite, Apt.#, etc. City & State NMAMI, FL Zip Country Zip Country Zip Country Zip Country Zip Country T. Name and Address of Current Registered Agent Name South Agent Address (P.O. Box Number is Not Acceptable) 1900 SANS SOUCH BLV, #411 8. The above named entity subprist fine, statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with and reagent in the purpose of changing its registered Agent input required when reintating) After May 1, Fee is \$560.00 After May 1, Fee is \$560.00 Amendrat UBF is \$1.20 POPICIES AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NIMAMI, FL 33181 TITLE NAME STREET ADDRESS CITY-ST-ZIP NIMAMI STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NIMAMI STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE				PA	CE				
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Signature Sign			City & State			4. FEI Number Applied For			
T. Name and Address of Current Registered Agent	N MIAMI, FL	1 6	7:	1 0		20-0697082			
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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 office r 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.	as if made under oat	th; that I am an officer or	director of the corporation	on or the	receiver or trust	ee empowered to execute this rep	ort as required		

BARRIGA, COSME, PRESIDENT
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE,