

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT #	P04000024592
1. Entity Name	
EASY CARPET & UPHOLSTERY CLEANING SERVICES INC	

DO NOT WRITE IN THIS SPACE

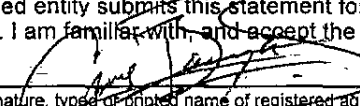
2. Principal Place of Business		3. Mailing Address	
1900 SANS SOUCI BLV		Suite, Apt. #, etc.	
City & State		City & State	
N MIAMI, FL		City & State	
Zip	Country	Zip	Country
33181			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
20-0697082		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
COSME BARRIGA			
Street Address (P.O. Box Number is Not Acceptable)			
1900 SANS SOUCI BLV, #411			
City		FL	Zip Code
N MIAMI			33181

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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  **COSME BARRIGA, PRESIDENT**


Signature, type 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	PD	TITLE	
NAME	BARRIGA, COSME	NAME	
STREET ADDRESS	1900 SANS SOUCI BLV, #411	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BARRIGA, LUIS F	NAME	
STREET ADDRESS	6465 W 24 AVE, #603	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BARRIGA, JORGE R	NAME	
STREET ADDRESS	1805 SANS SOUCI BLV, #426	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33181	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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  **BARRIGA, COSME, PRESIDENT** **5/11/2005** **(954) 394-9341**

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