

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90003 046 ***150.00

DOCUMENT # P04000050914					
1. Entity Name ZELAYA CARPET SERVICE, CO.					
Principal Place of Business 2409 W. Roble Dr. #107 KISSIMMEE, FL 34746			Mailing Address 2409 W. Roble Dr #107 KISSIMMEE, FL 34746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05112005 Chg-P CR2E034 (10/03)	
4. FEI Number Applied For				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			7. Name and Address of New Registered Agent		
ZELAYA, JOSE F 2409 W. Roble Dr #109 KISSIMMEE, FL 34746			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:				DATE: 6-3-05	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZELAYA, JOSE F 2409 W. Roble Dr #109 KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6-3-05 Daytime Phone #: 321-443-7307		

ATTACHMENT

40087455

June 3, 2005

Florida Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Document# P04000050914

I did not receive the renewal notice maybe due to the fact that I had moved from our
Previous address. Enclosed you have the 2005 for profit corporation annual report with
The fees indicated.

Cordially,



Jose F. Zelaya