2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068562

1. Entity Name
EXTREME CARPET CLEANING, INC.

Principal Place of Business	Mailing Address
8100 WEST 28 COURT UNIT 207 HIALEAH, FL 33018 US	8100 WEST 28 COURT UNIT 207 HIALEAH, FL 33018 US

2. Principal Place of Business - No P.O. Box #
4785 NW 167 St

3. Mailing Address
4785 NW 167 st

Suite, Apt. #, etc.
MIAMI   FC

Suite, Apt. #, etc.
MIAMI   EC

City & State
33055

City & State
33055

Zip
33055

Country
USA

Zip
33055

Country
MIAMI DADE

04212008   Chg-P   CR2E034 (12/06)

4. FEI Number
20-1119811

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARGARITA
8100 WEST 28 COURT
UNIT 207
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name ANGEL PEREZ

Street Address (P.O. Box Number is Not Acceptable)
4785 NW 167 ST.

City MIAMI   FL   Zip Code 33055

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 _Angel Perez_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4/29/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREZ, ANGEL		NAME		
STREET ADDRESS	1655 WEST 72ND STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _Angel Perez_   4/29/08   305 469-2189

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