2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000141556

1. Entity Name
FRANK J. VASQUEZ CARPET SERVICE, INC.

JUUbb116

Principal Place of Business	Mailing Address
4933 SARATOGA ROAD WEST PALM BEACH, FL 33415	4933 SARATOGA ROAD WEST PALM BEACH, FL 33415

2. Principal Place of Business	3. Mailing Address
4933 Saratoga Rd.	4933 Saratoga Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07012005   Chg-P   CR2E034 (10/03)

City & State	City & State	4. FEI Number	Applied For / Not Applicable
West Palm Bch. FL.	West Palm Bch. FL.	20-1862308	

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐
33415	Palm Bch.	33415	Palm Bch	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VASQUEZ, FRANK J 4933 SARATOGA ROAD WEST PALM BEACH, FL 33415	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 _____

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

FILE NOW!!! FEE IS $550.00 Due by September 7, 2005	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	PST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	VASQUEZ, FRANK J		NAME			
STREET ADDRESS	4933 SARATOGA ROAD		STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		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 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: _Frank Vasquez_   9/6/05   (561) 596-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #