2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000150740 BEST CHOICE CARPET CLEANING INC



Principal Place of Business

3138 NW 88 AVENUE

SUNRISE, FL 33351

Malling Address

3138 NW 88 AVENUE

SUNRISE, FL 33351 US

FILED Apr 24, 2006 08:00 AM Secretary of State



03222008

No Cha-P

CR2E034 (11/05)

4. FEI Number 20-1839589

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5.	Name	and Address	of Current	Registered Agent

BAR, LIOR **3138 NW 88 AVENUE**

SUNRISE, FL 33351

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8. The above named entity submits this statement for the purpose of changir	ng its registered office or registered ag-	ent, or both, in	the State of Florida.	I am familiar with, and accept
the obligations of registered agent.		1	•	

Signature, typed or printed name of registered agent and liffe if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOWIN FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May 8e Added to Fees

U000000526286 05/04/06-800<u>68-001</u> 150.**0**0

OFFICERS AND DIRECTORS 10. TITLE NAME BAR, LIOR 3138 NW 88 AVENUE #1 STREET ADDRESS SUNRISE, FL 33151 CITY-ST-ZIP NAME STREET ADDRESS CRY-ST-ZIP TITLE MASAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

IGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR