

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90061 015 ***150.00

DOCUMENT # P05000001864 1. Entity Name CHAVARRIA CARPET SERVICE INC.			
Principal Place of Business 4502 SW 7TH AVENUE CAPE CORAL, FL 33914		Mailing Address 4502 SW 7TH AVENUE CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 710 SW 11TH TER.		3. Mailing Address 710 SW 11TH TER.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33991.		Zip 33991.	
Country 		Country 	
4. FEI Number 20-2116036		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAVARRIA, FERNANDO 4502 SW 7TH AVENUE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 710 SW 11TH TERR. City CAPE CORAL FL Zip Code 33991.	
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 x [Signature] FERNANDO CHAVARRIA. 03/06/08. <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P CHAVARRIA, FERNANDO 4502 7TH AVENUE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P FERNANDO CHAVARRIA 710 SW 11TH TER. CAPE CORAL, FL 33991. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S ROBELIO SANCHEZ 17551 QUAIL LN. FORT MYERS FL 33913. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: x [Signature] FERNANDO CHAVARRIA 03/06/08 (239) 245-1127 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			