

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000028022

FILED
May 03, 2007
Secretary of State

Entity Name: EMPORIUM CARPET CLEANER, INC.

Current Principal Place of Business:

201 182 DR APT 211
SONNY ISLES, FL 33160

New Principal Place of Business:

17090 COLLINS AVE
B 411
SONNY ISLES, FL 33160

Current Mailing Address:

201 182 DR APT 211
SONNY ISLES, FL 33160

New Mailing Address:

17090 COLLINS AVE
B 411, FL 33160

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORTORICI, STEFANO
201 182 DR APT 211
SONNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

TORTORICI, STEFANO
17090 COLLINS AVE
B 411
SONNY ISLES, FL 33160 US

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.

SIGNATURE: STEFANO TORTORICI

05/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JIMENEZ, ALRREMI
Address: 201 182 DR APT 211
City-St-Zip: SONNY ISLES, FL 33160

Title: V () Delete
Name: JIMENEZ, ALEXIS
Address: 201 182 DR APT 211
City-St-Zip: SONNY ISLES, FL 33160

Title: T () Delete
Name: TORTORICI, STEFANO
Address: 201 182 DR APT 211
City-St-Zip: SONNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JIMENEZ, ALRREMI
Address: 17090 COLLINS AVE B 411
City-St-Zip: SUNNY ISLES, FL 33160

Title: V (X) Change () Addition
Name: JIMENEZ, ALEXIS
Address: 17090 COLLINS AVE B 411
City-St-Zip: SUNNY ISLES, FL 33160

Title: T (X) Change () Addition
Name: TORTORICI, STEFANO
Address: 17090 COLLINS AVE B 411
City-St-Zip: SONNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALRREMI JIMENEZ

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date