


2008

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # <u>PO5000070257</u>			
1. Entity Name <u>DINO CARPET CLEANING INC.</u>			
Principal Place of Business <u>160 NW 43rd STREET APT #1</u> <u>OAKLAND PARK, FL 33309</u>		Mailing Address <u>W08-13584</u>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <u>Oscar Molina</u> <u>160 NW 43rd STREET APT #1</u> <u>OAKLAND PARK, FL 33309</u>		7. Name and Address of New Registered Agent 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 <u>Oscar Molina</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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 <u>PRESIDENT</u> <u>Oscar Molina</u> <u>160 NW 43rd STREET APT #1</u> <u>OAKLAND PARK, FL 33309</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input 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: <u>Oscar Molina</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03-09-08 Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/14/08--01051--004--**450.00

REINSTATEMENT 03-08

4. FEI Number
20-2868224
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

4/15/08

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DIMO CARPET CLEANING INC
160 NW 43TH STREET APT 1
OAKLAND PARK FL 33309

MARCH 9, 2008

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: DIMO CARPET CLEANING INC - P05000070257 year 2007-2008

Dear Sir or Madam:

Please be advised that the above mentioned uniform business reports were never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived, and that the Corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00 per year.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,


Oscar M Molina
President

OMaj