

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000136166

1. Entity Name
COWELL'S CARPET CLEANING, INC.



Principal Place of Business
1432 SOUTHWEST 49TH AVENUE
FORT LAUDERDALE, FL 33317

Mailing Address
1432 SOUTHWEST 49TH AVENUE
FORT LAUDERDALE, FL 33317

DO NOT WRITE IN THIS SPACE

**FILED
Jan 25, 2008 8:00 am
Secretary of State**

01-25-2008 90024 049 ***150.00

400107



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3601292	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME COWELL, WARREN
STREET ADDRESS 1432 SOUTHWEST 49TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE S/T
NAME COWELL, WARREN
STREET ADDRESS 1432 SOUTHWEST 49TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE VP
NAME COWELL, KARINA
STREET ADDRESS 1432 SOUTHWEST 49TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

Date

Daytime Phone #