

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 25, 2007 8:00 am
Secretary of State

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01232007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000144321 1. Entity Name CARPET RESCUE & WATER EXTRAC., CORP.			
Principal Place of Business 8311 SW 142 AVENUE #I-205 MIAMI, FL 33183-4097		Mailing Address 8311 SW 142 AVENUE #I-205 MIAMI, FL 33183-4097	
2. Principal Place of Business - No P.O. Box # 13870 SW 74 ST Suite, Apt. #, etc.		3. Mailing Address 13870 SW 74 ST Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33183		City & State MIAMI, FLORIDA Zip 33183	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-3734422		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOLOJ, CHANETH A 8311 SW 142 AVENUE #I-205 MIAMI, FL 33183-4097		7. Name and Address of New Registered Agent Name JUAN C. NARANJO Street Address (P.O. Box Number is Not Acceptable) 13870 SW 74 ST. City MIAMI FL Zip Code 33183	
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 CHANETH A. VOLOJ 1-23-2007 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST VOLOJ, CHANETH A 8311 SW 142 AVENUE #I-205 MIAMI, FL 331834097 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP NARANJO, JUAN C 8311 SOUTHWEST 142 AVENUE SUITE I-205 MIAMI, FL 331834097 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PST 13870 SW 74 ST MIAMI, FLORIDA 33183 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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 information empowered.			
SIGNATURE: CHANETH A. VOLOJ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-23-2007 (786) 2878581 Date Daytime Phone #	