

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016601

Entity Name: SOARES CARPET SERVICES, INC

FILED
Sep 10, 2009
Secretary of State

Current Principal Place of Business:

55 HORTON CIRCLE
SARASOTA, FL 34232

New Principal Place of Business:

4641 CASON COVE DR
2121
ORLANDO, FL 32811

Current Mailing Address:

55 HORTON CIRCLE
SARASOTA, FL 34232

New Mailing Address:

4641 CASON COVE DR
2121
ORLANDO, FL 32811

FEI Number: 26-1988688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METRO BUSINESS SOLUTIONS, INC.
3940 METRO PKWY
SUITE 105
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

SOARES, GIDEAO LOPES
4641 CASON COVE DR
2121
ORLANDO, FL 32811 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: GIDEAO LOPES SOARES

09/10/2009

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: PD () Delete
Name: SOARES, GIDEAO LOPES
Address: 55 HORTON CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: RODRIGUES DA LUZ, MARCIO
Address: 55 HORTON CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOARES, GIDEAO LOPES
Address: 4641 CASON COVE DR # 2121
City-St-Zip: ORLANDO, FL 32811

Title: VP (X) Change () Addition
Name: SIQUEIRA, EDUARDO
Address: 4641 CASON COVE DR # 2121
City-St-Zip: ORLANDO, FL 32811

Title: DIR () Change (X) Addition
Name: SIQUEIRA JR, JOSE CARLOS
Address: 4641 CASON COVE DR # 2121
City-St-Zip: ORLANDO, FL 32811

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: GIDEAO LOPES SOARES

PD

09/10/2009

Electronic Signature of Signing Officer or Director

Date