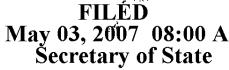
2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P93000015103 1. Entity Name



FINAL TOUCH CARPET & FLOOR CARE, INC.							9	5	ecrei	ary	UΙ	State
Principal Place of Business 1500 SW 131 WAY PEMBROKE PINES FL 33027-2425				Mailing Address MARTHA A DRUTZ, ACCOUNTANT 8956 S.W. 87 CT., SUITE 12-A MIAMI FL 33176								
2. Principal F	Place of Busine	3. Ma	3. Mailing Address			-	55#25# E (Elea # \$4***	56M 99M 54161 M	821 Bilbi Hak s	BIBB	II I II I II 4 :	
Suito, Apt. #, etc			Sui	Suite, Apt. #, etc.			1:	st MOORE	CR2E03	34 (10/06	5)	
Cily & State			City	City & State			4. FEI Numb	4. FEI Number 65-0391504 Applied For Not Applied For				
Zip Country		Zıp	Zip Country		try	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current			it Register	ed Agent		7. Name an	d Address of Nev	v Registered	d Agent			
						Namo			-			
DRUTZ, MARTIN A ACC 8966 S.W. 87 CT SUITE 12-A MIAMI FL 33176						Street Address	(P.O. Box Numb	ber is Not Accepta	ıble)			
19111	Alfii i E 00 i	70										· .
						City			F	L Zip (Code	
8. The above the obligation	named entity itions of register	submits this statement f rod agont.	for the purp	ose of changing its	rogisloro	ed office or registo	ered agent, or be	oth, in the Stato of	Florida Lar	n familiar v	vith, ar	nd accept
SIGNATURE	Signature, typed or	ptinted name of registered agen	rit and little if ap	picable, (NOT	E: Registerer	d Agent signature require	aci when reinstating)	<u>. </u>	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Cam Trust Fund C	_			O May Be to Fees
10,		OFFICERS AND	DIRECTO	DIRECTORS 11.			ADDITIONS		FFICERS AN	ND DIRECT	ORSI	IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

CITY-ST-ZIP

SIGNATURE INTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

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