2007 FOR PROFIT CORPORATION

FILED Apr 04. 2007 08:00 A tate

DOCUMENT # P94000066398			; Apr 04, 200 / 00.
			Secretary of St
FLAMINGO CARPET CLEANERS, INC	Σ.		
Principal Place of Business	Mailing Address		
14141 RICHWOOD PLACE Davie, Fl 33325	14141 RICHWOOD PLACE DAVIE, FL 33325		
		**	
DO NOT WRITE	INI THIS SDA	CE	02212007 No Chg-P CR2E034 (11/05)
DO NOT WATE	IN THIS SPA	CE	4. FEI Number Applied For 65-0517640 Not Applicable
			5. Certificate of Status Desired
6. Name and Address of Current Re	gistered Agent	- 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HERNANDEZ, LILLIAN C 14141 RICHWOOD PLACE			DO NOT WRITE
DAVIE, FL 33325			IN THIS SPACE
8. The above named entity submits this statement for the the obligations of registered agent.	e purpose of changing its register	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and	Intel® (AOTE: Rogister)	ed Agent signature required	when reinstating) DATE .
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees
10. OFFICERS AND DIF	RECTORS	_	A Company of the State of the Company of the Compan
NAME HERNANDEZ, LILLIAN C STREET ADDRESS 14141 RICHWOOD PLACE ORVIE, FL 33325		,	
TITLE P			
NAME HERNANDEZ, JOSE STREEI ADDRESS CITY-SI-ZIP DAVIE, FL 33325			
TITLE			
STREET ADDRESS		* * * * * * * * * * * * * * * * * * * *	DO NOT WRITE
CITY-ST-ZIP TITLE		-	IN THIS SPACE
NAME STREET ADDRESS			IN THIS SPACE
CITY-S1-ZIP	· .		
NAME.		2 22	
STREET ADDRESS CITY-ST-ZIP			
IIILE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME STREET ADDRESS			the second of th

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 expecte 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.30.07

(954)475.4918

Date

Daytime Phone #