## 2008 FOR PROFIT CORPORATION

## **FILED** 8:00 A tate

| ANNUAL REPORT   |   |  |                                     | Apr 18, 2008 08   |  |  |   |
|---|---|--|-------------------------------------|-------------------|--|--|---|
|   | MENT # P940000663   |  | Secretary of S                      |                   |  |  |   |
| 1. Entity Name FLAMINGO CARPET CLEANERS, INC.                   |   |  |                                     |                   |  | ,  |   |
| Principal Plac  | e of Business   | Mailing Address  | <u> </u>                            | ,                 |  |  |   |
| 14141 RICH<br>Davie, FL 3                                       | WOOD PLACE<br>3325  | 14141 RICHWOOD PLACE<br>Davie, FL 33325                          |                                     |                   | •  |  |   |
|   |   |  |                                     |                   |  |  |   |
| _   | A NOT WOITE   | IN THE ODA   | <b>0 -</b>                          | 02202008          | No Chg-P                                 | CR2E034 (11/05)                          |   |
| D   | O NOT WRITE   | IN THIS SPA  | CE                                  | 4. FEI Numbe      |  | <del> </del>                             | oplied For<br>ot Applicable             |
|   |   |  |                                     | 5. Certificate    | of Status Desired                        | S8.75 Add Fee Require                    |   |
|   | 6. Name and Address of Current Re                           | gistered Agent   |                                     |                   | . 1                                      |  | 1 11                                    |
| HERNANDEZ, LILLIAN C<br>14141 RICHWOOD PLACE<br>DAVIE, FL 33325 |   |  | , "and with phononium in speciments | DO                | NOT W                                    | RITE                                     | . , , , , , , , , , , , , , , , , , , , |
|   |   |  | ,                                   | IN                | THIS SF                                  | PACE                                     |   |
|   |   |  |                                     | t p               |  |  | p <sub>in</sub> : d                     |
| SIGNATURE   | Signature, typed or printed name of registered agent and    | title if applicable (NOTE: Registere  9. Election Campaign Final | od Agent signature required         | when reinstating) |  | DATE                                     |   |
| FIL<br>After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00 |  | ·                                   | ed to Fees        |  | 10906962<br>1-80019-010 1                | 50 OO                                   |
| 10.   | OFFICERS AND DI   | RECTORS  |                                     | * * * * *         |  |  | 145                                     |
| NAME<br>STREET ADDRESS  | HERNANDEZ, LILLIAN C<br>s 14141 RICHWOOD PLACE              |  |                                     |                   | ું કું કું કું કું કું કું કું કું કું ક |  |   |
| CITY-ST-ZIP<br>TITLE  | DAVIE, FL 33325   | <del></del>  |                                     | •                 |  |  |   |
| NAME HERNANDEZ, JOSE STREET ADDRESS 14141 RICHWOOD PL           |   |  |                                     | r                 |  |  | 1                                       |
| CITY-SI-ZIP<br>TITLE  | DAVIE, FL 33325   |  | -<br>-,                             |                   | topp                                     |  |   |
| NAME STREET ADDRESS CITY-ST-Z-P                                 |   |  | DO NOT WRITE                        |                   |  |  |   |
| TITLE   |   |  | IN THIS SPACE                       |                   |  |  |   |
| NAME<br>STREET ADDRESS  |   |  |                                     | HN                | inio or                                  | ACE                                      | i Pi                                    |
| CITY-ST-ZIP<br>TITLE  |   |  | 1                                   |                   |  |  | en i                                    |
| NAME<br>Street address  |   |  |                                     |                   | ·  | , 10 6 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |
| CITY-SI-ZIP   |   |  | ].                                  | , ,               | í, ·                                     |  |   |
| TITLE   |   |  | 1                                   |                   |  | 0.00                                     |   |

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DI

4.15.08

954 475-1756