2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 08:00 AN Secretary of State

DOCUMENT # P9400		
1. Entity Name GARY'S CARPET CLEANING	, INC.	
Principal Place of Business	Mailing Address	
19959 COURT OF THE LIONS BOCA RATON, FL 33434	19959 COURT OF THE LIONS BOCA RATON, FL 33434	

			95000				
Principal Place 19959 COUR BOCA RATON	T OF THE LIONS	Mailing Address 19959 COURT OF THE LIONS BOCA RATON, FL 33434					
DO NOT WRITE IN THIS SPAC		<u>.</u>	03042008 No Chg-P	CR2E034 (11/05)			
		UE	4. FEI Number 65-0555035	Applied For Not Applicable			
				5. Certificate of Status Desire	sed \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	egistered Agent	Kala las de	ana walio dan S	,		
BIVANA, GARY R 19959 COURT OF THE LIONS BOCA RATON, FL 33434			DO NOT I	WRITE			
			IN THIS S	SPACE			
			`				
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 Synstime typed or profiled name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) . DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution				,00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS		4 ,			
TITLE	Р		\$ -1				
name Street address	BIVONA, GARY R 19959 COURT OF THE LIONS						
CITY-ST-ZIP	BOCA RATON, FL 33434						
TITLE	` <u>`</u>)00853822 08-80082-020 150.00		
NAME				03/26/0	08-80082-020 150.00		
STREET ADDRESS			'				
CITY-ST-ZIP					••		
TITLE NAME				i simbi			
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TITLE				IN THIS S	SPACE		
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STREET ADDRESS CITY-ST-ZIP							
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NAME							
STREET ADDRESS							
C/TY-ST-ZIP			· ·				
TITLE			ľ				
NAME STREET ADDRESS							
CITY-ST-ZIP				• .			

12. Thereby 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 like empowered.

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-852-9265