

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90445 003 ***150.00

DOCUMENT # P97000039437

1. Entity Name

AJL CARPET CARE, INC.



Principal Place of Business

803 PROMENADE WAY
206
JUPITER FL 33418

Mailing Address

4521 PGA BLVD
347
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

1111 Duncan Cir.
Suite, Apt. #, etc.
101

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Bch. Gardens, FL

City & State

Zip
33418

Country
USA

Zip

Country

4. FEI Number

65-0749548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMABRANO, MIGUEL
803 PROMENADE WAY
206
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMBRANO, MIGUEL	
STREET ADDRESS	803 PROMENADE WAY # 206	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMBRANO, DIANA	
STREET ADDRESS	803 PROMENADE WAY # 206	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zambrano, miguel	
STREET ADDRESS	1111 Duncan Cir. #101	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zambrano, Diana	
STREET ADDRESS	1111 Duncan Cir. #101	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

Miguel Zambrano

Apr. 23/04

315-4957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #