04/30/2003 09:44 5618427398 DAVID KUHARCI

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91162 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039437

90130161

1. Entity Name
A.J.L CARPET CARE, INC.

Principal Place of Business	Mailing Address
12204-5 SAG HARBOR COURT WELLINGTON, FL 33414	12204-5 SAG HARBOR COURT WELLINGTON, FL 33414

2. Principal Place of Business	3. Mailing Address
803 PROMENADE WAY	4521 PGA BLVD
Suite, Apt. #, etc.: #206	Suite, Apt. #, etc.: 347
City & State: JUPITER, FLORIDA	City & State: PALM BEACH GARDENS, FL
Zip: 33458 Country: USA	Zip: 33418 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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

KUHARCIK, JOSEPH ESQ.
1211 THE PLAZA
SINGER ISLAND, FL 33404

7. Name and Address of New Registered Agent

Name: ZAMBRANO, MIGUEL
Street Address (P.O. Box Number is Not Acceptable): 803 PROMENADE WAY #206
City: JUPITER FL Zip Code: 33458

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: MIGUEL ZAMBRANO PRESIDENT 4/30/3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when changing) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMOS, ANTONIO J 12204-5 SAG HARBOR COURT WELLINGTON, FL 33414	☒ Delete	D ZAMBRANO, MIGUEL 803 PROMENADE WAY, #206 JUPITER, FLORIDA 33458	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D ZAMBRANO, DIANA 803 PROMENADE WAY, # 206 JUPITER, FLORIDA 33458	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E084 (10/02)

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: MIGUEL ZAMBRANO 4/30/3 (561) 630-5399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #