

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058835

Entity Name: RS CARPET SERVICE, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

8590 SW 127 ST
MIAMI, FL 33156

New Principal Place of Business:

9011 SW 123 CT
#104
MIAMI, FL 33186

Current Mailing Address:

8590 SW 127 ST
MIAMI, FL 33156

New Mailing Address:

9011 SW 123 CT
#104
MIAMI, FL 33186

FEI Number: 65-0847503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RECALDE, EDISON
8590 SW 127 ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RECALDE, EDISON
Address: 8590 SW 127 ST
City-St-Zip: MIAMI, FL 33156

Title: V () Delete
Name: MARISCAL, TOMAS
Address: 8590 SW 127 ST
City-St-Zip: MIAMI, FL 33156

Title: DIRC (X) Delete
Name: BRASCHI, JORGE
Address: 8590SW127ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARISCAL, TOMAS
Address: 8590 SW 127 ST
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDISON RECALDE

PSTD

05/01/2009

Electronic Signature of Signing Officer or Director

Date