## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000073763**1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

A AVAILABLE CARPET CLEANING, INC.

					,   <b> 5   </b>      <b>  5  </b>       <b>  5   </b>		
Principal Place	of Business	Mailing Address					
1020 11.22011 1.2002 51.110		4325 WILLOW RIDGE DRIVE WESTON FL 33331			, .		
				L	NOT WRITE IN THIS	SPACE	
				3. Date incorporated 08/24/1998	or Qualifed		
	ace of Business	2a. Mailing Address		4. FEI Number 65-08 3	8618	<u> </u>	olied For Applicable
21 Suite Ant 4	t, etc	Suite, Apt. #, etc.				=\$8:75-A	dditional
22		27		5. Certifcate of Status	Desired L	Fee Red	quired
City & State	<u> </u>	City & State		6. Election Campaign	Financing _	\$5.00	May Be
23		28		Trust Fund Contrib	- 11	Added to	, ,
Zip	Country	Zip	Country		wes the current year Inta	angible ¶∏Yes	<b>⊠</b> No
24	25	29 30	<u> </u>	Personal Property	TOR		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
PAAR, ALEXANDER				Juan C. Vasa	quez-		
	O N.W. 3RD COURT		82 Street	Address (P.O. Box Number is		10.	
	BROKE PINES FL 33029		83	+222 NOT 1100	iridge Dri	<u>ve</u>	
i Gin	SHOPE PRICE TO GOOD		03				
			84 City	Weston	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, ar both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Sichalture funded of trained name of registered agent and tige if applicable.  [NOTE: Registered Agent signature required when reinstating)  OATE							
	Signatura typed or trinted name of registered agent				SES TO OFFICERS ANI	D DIRECTO	DS IN 12
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHAN	JES TO OFFICERS AND	Change	Addition
ΤΠLΕ	PD ILLAND	C Dereie					
NAME	VAZQUEZ, JUAN C		1.2 NAME				. ]
STREET ADDRESS	4325 WILLOW RIDGE DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	WESTON FL 33331		1.4 CITY-ST-ZIP			Change	Addition
TITLE	SD	DELETE	2.1 TITLE			☐ Change	
NAME	PAAR, ALEXANDER	•	2.2 NAME				
STREET ADDRESS	18710 N.W. 3RD COURT		2.3 STREET ADDRESS	·	,		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2. 4 CITY-ST-ZIP	<u> </u>			TOT A AUGUS
TITLE		☐ DELETE	3.1 TITLE	<b>60</b>		Change	Addition
NAME			3.2 NAME	VASQUEZ, MA	ria carvie	N	
STREET ADDRESS			3.3 STREET ADDRESS		ridae Driv	E	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	WESTON, FL	<i>ろろろつ</i> 1		
TITLE		☐ DELETE	4.1 TITLE		,	Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		,	•	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90247 006 \*\*\*150.00

Change

Change

CR2E034 (11/98)

☐ Addition

Addition