

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000078554	
1. Entity Name CARPET MASTER CARPET CLEANING, INC.	
Principal Place of Business 10270 85TH STREET VERO BEACH, FL 32967	Mailing Address 7 VARNIAI ST METHUEN, MA 01844 US



FOR INFORMATION OF THE SECRETARY OF STATE, THE FOLLOWING INFORMATION IS BEING PROVIDED TO THE SECRETARY OF STATE FOR THE PURPOSE OF RECORDING THE ANNUAL REPORT OF THE CORPORATION. THE INFORMATION IS NOT TO BE USED FOR ANY OTHER PURPOSE.

DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CH2E034 (10/03)

4. FFI Number 50 3546368	1. Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Discard <input type="checkbox"/> \$8.75 Additional Fee Required	

C. Name and Address of Current Registered Agent	
ALIANO, MARIA 10270 85TH STREET VERO BEACH, FL 32967	

DO NOT WRITE IN THIS SPACE	
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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 resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE P	NAME ALIANO, MARIA
STREET ADDRESS 10270 85TH ST	CITY-STATE-ZIP VERO BEACH, FL 32967
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

DO NOT WRITE IN THIS SPACE	
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UC0000234287
02/18/05-80015-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Maria Aliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05
Date

Daytime Phone #