2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # P99000036623** 04-27-2005 90319 008 ***150.00 BEST LOOK CARPET & UPHOLSTERY CLEANING, INC. Principal Place of Business Mailing Address 522 N.E. 33RD STREET 522 N.E. 33RD STREET 14000493 FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0191306 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULNICK, HAROLD Street Address (P.O. Box Number is Not Acceptable) 522 N.E. 33RD STREET FT. LAUDERDALE, FL 33334 City 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 (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Delete ☐ Change ☐ Addition MULTUCK, HAROLD NAME MARKE MULNICK, HAROLD STREET ADDRESS 522 NE 33RD ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Borida 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 apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme SIGNATURE:

FILED