2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000041352

1. Entity Name

UNIQUE SWEEPING SERVICES INC.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

14629 S.W. 104TH #130 MIAMI, FL 33186 Mailing Address

14629 S.W. 104TH #130 MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

02072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGA, ORLANDO 14629 S.W. 104TH #130 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

			,		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida I am familiar with, and accept
SIGNATURE					
	Signification, typed or printed trame of registered agent and little in	applicable (NOTE Registered A	igeni signature	reduced when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution	ng	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PUGA, ORLANDO 14629 S.W. 104TH #130 MIAMI, FL 33186				000000633777 92/21/07-80075-009 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP					927217U(-800(5-803 150.00
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
HILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME SIREET ADDRESS					

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 dustee disposered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withy an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-752-6081