

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 13, 2006 8:00 am
Secretary of State**

04-13-2006 90280 017 ***150.00

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DOCUMENT # P03000030122

1. Entity Name
UNBELIEVABLE CLEANING SERVICE, INC.



Principal Place of Business
6849 3RD. STREET N.
ST. PETERSBURG, FL 33702

Mailing Address

6849 3RD. STREET N.
ST. PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2329161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOMODI-KAJFASZ, ZITA
6849 3RD. STREET N.
ST. PETERSBURG, FL 33702

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOMODI-KAJFASZ, ZITA
STREET ADDRESS	6849 3RD. STREET N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33702

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Zita Somodi-Kajfasz*

1/25

4-11-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZITA SOMODI-KAJFASZ

Date

Daytime Phone #