

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

<b>DOCUMENT #</b> P03000042594	
<b>1. Entity Name</b> Anita's Cleaning Service, Inc.	

**FILED**  
**Jun 22, 2005 8:00 A.M.**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1335 NE 176th St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1335 NE 176th St. Suite, Apt. #, etc.	
<b>City &amp; State</b> N. Miami Beach, FL		<b>City &amp; State</b> N. Miami Beach	
<b>Zip</b> 33162	<b>Country</b> US	<b>Zip</b> 33162	<b>Country</b> US

04-27-05 90322 009 \$150.00  
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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-1193551		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
	<b>7. Name and Address of Current Registered Agent</b>			
	Name Anita Schaad			
	Street Address (P.O. Box Number is Not Acceptable) 1335 NE 176th St.			
		<b>City</b> N. Miami Beach	<b>FL</b>	<b>Zip Code</b> 33162

**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** Anita Schaad **4/1/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P Anita Schaad 1335 NE 176th St. N. Miami Beach, FL 33162	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**12. 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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Anita Schaad **Anita Schaad** **4/1/2005** **305-632-7662**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #