


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90277 035 ***150.00

DOCUMENT # P04000011720 1. Entity Name UZ CLEANING SERVICE INC			
Principal Place of Business 2001 CASCADES BLVD # 207 KISSIMMEE, FL 34741		Mailing Address 2001 CASCADES BLVD # 207 KISSIMMEE, FL 34741	
2. Principal Place of Business 4122 Vista Lago Suite, Apt. #, etc. circle #204 City & State Kissimmee FL Zip 34741 Country USA		3. Mailing Address 4122 Vista Lago Suite, Apt. #, etc. circle #204 City & State Kissimmee FL Zip 34741 Country USA	
4. FEI Number 54-2140601		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURKHAMEDOVA, GULNORA 2001 CASCADES BLVD #207 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name <u>MURKHAMEDOVA GULNORA</u> Street Address (P.O. Box Number is Not Acceptable) 4122 Vista Lago Cir #204 City <u>Kissimmee</u> FL Zip Code <u>34741</u>	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURKHAMEDOVA, GULNORA 2001 CASCADES BLVD #207 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4122 Vista Lago Cir Apt 204 Kissimmee FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		020305 407-873-3916	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	