



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90038 007 ***150.00

DOCUMENT # P05000010102 1. Entity Name UNION CLEANING SERVICES, INC.																													
Principal Place of Business 1413 SE 8TH AVE CAPE CORAL, FL 33990			Mailing Address 1413 SE 8TH AVE CAPE CORAL, FL 33990																										
2. Principal Place of Business 102 NW 6TH TERRACE Suite, Apt. #, etc.		3. Mailing Address 102 NW 6TH TERRACE Suite, Apt. #, etc.																											
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 13- 4293285																									
Zip 33993		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RAMIREZ, JOHNNY 1413 SE 8TH AVE CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name RAMIREZ JOHNNY Street Address (P.O. Box Number is Not Acceptable) 102 NW 6TH TERRACE City CAPE CORAL FL Zip Code 33993																									
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 <i>Johnny Ramirez</i> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P RAMIREZ, JOHNNY</td> <td style="width:20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1413 SE 8TH AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CAPE CORAL, FL 33990</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P RAMIREZ, JOHNNY	<input type="checkbox"/> Delete	NAME	1413 SE 8TH AVE		STREET ADDRESS	CAPE CORAL, FL 33990		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P RAMIREZ, JOHNNY</td> <td style="width:20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>102 NW 6TH TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CAPE CORAL FL 33993</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P RAMIREZ, JOHNNY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	102 NW 6TH TERRACE		STREET ADDRESS	CAPE CORAL FL 33993		CITY-ST-ZIP		
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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: <i>Johnny Ramirez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-30-06-239-462-5465 Date Daytime Phone #																									