


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000070804**  
 1. Entity Name  
**ALFRED'S PRESSURE CLEANING, INC.**



Principal Place of Business      Mailing Address  
 1647 BAYHILL DRIVE      1647 BAYHILL DRIVE  
 OLDSMAR, FL 34677      OLDSMAR, FL 34677

**DO NOT WRITE IN THIS SPACE**



04012006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3591810**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MUSTAFARAT, ALFRED J**  
 1647 BAY HILL DRIVE  
 OLDSMAR, FL 34677

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PTD MUSTAFARAJ, ALFRED 1647 BAY HILL DRIVE OLDSMAR, FL 34677
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 04/22/06-80074-006 150.00

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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: *Ljulieta Mustafaraj*    VICE PRESIDENT    04/10/2006    727-784-2875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**LJULJIETA MUSTAFARAJ**