

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 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**



01302007      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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000619508  
 02/08/07-80076-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUSTAFARAJ, ALFRED 1647 BAY HILL DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUSTAFARAJ, LJULJIETA 1647 BAY HILL DRIVE OLDSMAR, FL 34677
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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      01/30/2007      727-784-2895  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

LJULJIETA MUSTAFARAJ