


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90291 040 \*\*\*150.00

<b>DOCUMENT # V06438</b> 1. Entity Name <b>UNIQUE CLEANING SERVICE INC.</b>					
Principal Place of Business <b>2555 NW 49 AVE</b> <b>106</b> <b>LAUDERDALE LAKES, FL 33313</b>			Mailing Address <b>2555 NW 49 AVE</b> <b>106</b> <b>LAUDERDALE LAKES, FL 33313 US</b>		
2. Principal Place of Business <b>4230 NW 21st St #241</b>		3. Mailing Address <b>4230 NW 21st St</b> <b>#241</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lauderhill, FL</b>		City & State <b>Lauderhill, FL</b>		4. FEI Number <b>65-0306335</b>	
Zip <b>33313</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WEBB, RONALD</b> <b>3574 NW 33RD CT</b> <b>LAUDERDALE LAKES, FL 33309</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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: <u>X R. Webb</u> DATE: <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WEBB, RONALD</b> <b>3574 NW 33RD CT</b> <b>LAUDERDALE LAKES, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4230 NW 21st St #241</b> <b>Lauderhill, FL 33313</b>	<input checked="" 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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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
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: <u>X R. Webb</u>			Date: <u>4/25/06</u> Daytime Phone #: <u>954 677 9937</u>		