

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 181147**

1. Entity Name  
**VOGUE LAUNDRY & DRY CLEANERS OF KEY WEST, INC.**



Principal Place of Business  
**OF KEY WEST INC  
5705 NW 2ND AVE.  
MIAMI, FL 33127**

Mailing Address  
**OF KEY WEST INC  
5705 NW 2ND AVE.  
MIAMI, FL 33127**



03142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0721014**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CIROTTI, DOMINICK  
5705 NW 2ND AVE.  
MIAMI, FL 33127**

**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 \_\_\_\_\_  
(Signature typed or printed name of registered agent and fee if applicable) (Print Registered Agent signature required when re-stating) Date

**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**

**000000482980  
04/11/06-80038-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD CIROTTI, DOMINICK 5705 NW 2ND AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	STD LEE, CASSANDRA 5705 NW 2ND AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ADAMS, PHILOMENA 5705 NW 2ND AVE. MIAMI, FL
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**DO NOT WRITE  
IN THIS SPACE**

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:** Cassandra Lee **3-17-06** **305 751 4387**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #