


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90417 029 ***150.00

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2042 W. Organsville Rd Suite, Apt. #, etc.	
City & State City & State		City & State Clarksville, Va	
Zip Country		Zip 23927 Country USA	
4. FEI Number 59-0721014		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIROTTI, DOMINICK 5705 NW 2ND AVE. MIAMI, FL 33127		7. Name and Address of New Registered Agent Name: Cassandra Lee c/o Cirotti Street Address (P.O. Box Number is Not Acceptable) 500 Ololu Drive City: Winter Park FL Zip Code: 32789	
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>Cassandra Lee Secyua. Cassandra Lee</u> 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CIROTTI, DOMINICK	NAME	
STREET ADDRESS	5705 NW 2ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	STD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LEE, CASSANDRA	NAME	
STREET ADDRESS	5705 NW 2ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	VD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ADAMS, PHILOMENA	NAME	
STREET ADDRESS	5705 NW 2ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Cassandra Lee Secyua. 4/25/07</u>		4343743267	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	