


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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 2042 W. ORGANSVILLE 5705 NW 2ND AVE. CLARKSVILLE, VA 23927
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0721014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CIROTTI, CASSANDRA L
500 OLULU DRIVE
WINTER PARK, FL 32789

**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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 05/23/08-80024-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CIROTTI, DOMINICK
STREET ADDRESS	5705 NW 2ND AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	LEE, CASSANDRA
STREET ADDRESS	5705 NW 2ND AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	ADAMS, PHILOMENA
STREET ADDRESS	5705 NW 2ND AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 Sec. Treas 4/23/08 4343743607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #