2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # 310433** 1. Entity Namo NATIONAL CLEANERS AND LAUNDRY INC Principal Place of Business Mailing Address 4145 HENDERSON BLVD 4145 HENDERSON BLVD **TAMPA FL 33629 TAMPA FL 33629** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For 4. FEI Number 59-1153620 Not Applicable Ζιp Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PALORI, PETE A JR. Street Address (P.O. Box Number is Not Acceptable) 4145 HENDERSON BLVD **TAMPA FL 33629** Zip Code 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 | | am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Defete IIILE Change ☐ Addition PALORI, PETE A. JR. NAME NAME 4145 HENDERSON BLVD STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY - ST - ZIP Delete DILE HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition U00000720858 NAME NAME STREET ADDRESS STREET ADDRESS 05/01/07-80123-004 150.00 CITY - ST - ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition NAME NAMÉ

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early; that I am an officer or director of the corporation or the receiver or trustee empowered of 80 cyto 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, withall other the empowered of the same statement with an address, withall other the empowered of the same statement with an address, withall other the empowered of the same statement with an address.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Daytime Phone #