2006 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2006 8:00 am

Marrier A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A Minarier P. 23176 Country Country Cip Country Cip Country S. Conflicted of Shots, Debtor S. F. Auditorian Sinter Address of New Rigistered Agent Name	700 N.	B\ ental Uniforms, Inc. 59-2 E. 125.Street	022293	Secretary 04-27-2006 90207		
Confinental Uniforms, Inc. 59-202293 700 NE. 125 Streat Marrin, FL. 33161 Summ, FL. 33176 Sume, Apr. 4, etc.	Miami,	FL 33161		-		
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Surier, Apit, #, etc. Surier, Apit, #, etc. Surier, Apit, #, etc. OONOT WRITE IN THIS SPACE			Ct., Suite 12-A			
City & State City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Applicable Not Applicable Fee Required Fee Fee Fee Fee Required Fee Required Fee Required Fee Required Fee Fee Fee Fee Required Fee Fee Fee Fee Required Fee Fee Fee Fee Required Fee Required Fee Fee Fee	Principal Place of Business 3. Mailing Address		•	40067464		
The Above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. **Sirred Address (PO, Box Number is Not Accoptable) **Sirred Address (PO, Box Number is Not Accoptable) **The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. **Sirred Address (PO, Box Number is Not Accoptable) **Sirred Address (PO, Box Number is Not Accoptable) **The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. **Sirred Address (PO, Box Number is Not Accoptable) **Sirred Address (PO, Box Number is Not Accoptable) **The above named entity submits file statement for the purpose of changing its registered agent, or both, in the State of Florida. **Sirred Address (PO, Box Number is Not Accoptable) **Sirred Address (PO, Box Number is Not Accoptable) **The above named entity submits file statement for the purpose of changing is registered agent, or both, in the State of Florida. **Sirred Address (PO, Box Number is Not Accoptable) **The above named entity submits file statement for the purpose of changing is registered agent, or both, in the State of Florida. **Sirred Address (PO, Box Number is Not Accoptable) **The above named entity submits file statement for the purpose of changing is registered agent, or both, in the State of Florida. **Sirred Address (PO, Box Number is Not Accoptable) **DME** **Sirred Address (PO, Box Number is Not Accoptable) **The Address (PO, Box Number is Not Accoptable) **DME** **Sirred Address (PO, Box Number is Not Accoptable) **The Address (P	Suite, Apt. #, etc. Suite, Apt.			DO NOT WRITE IN THIS	S SPACE THE SPACE	
- 8. Name and Address of Curront Registered Agent - 8. Name and Address of New Registered Agent Namo Street Address (Po. Box Number is Not Acceptable) - City - C		City & State		4. FEI Number 59-2022293		
Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A Miami FL 33176 City FL Zip Code City FL Zip Code City FL 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. SIGNATURE By July 1, type is product member in rigidation in graph and inter it apparation. (POTE Registered Agent Septiate registered agent, or both, in the State of Florida. 1. OFFICENS AND DIRECTORS After MAY 1, 2000 Fee will be \$550,00 Marke Check Payable to Department of State MARK Check Payable to Department of State MARK Check Payable to Department of State OFFICENS AND DIRECTORS 11. OFFICENS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11 THE MARK STREET ADDRESS CITY-51-2P CITY-51-2P Delete INE MARK STREET ADDRESS CITY-51-2P THE Delete INE MARK STREET ADDRESS CITY-51-2P THE Delete INE MARK STREET ADDRESS CITY-51-2P THE Delete THE MARK STREET ADDRESS CITY-51-2P THE	Zip Country	Zip	Country	5. Certificate of Status Desired		
Martin A. Drutz. Accountant 8956 S. W. 87 Ct., Suite 12-A Miami. FL 33176 **City FL Zip Code **Signal of Florida.** **Signal of Florida.* **Signal of Florida.* **Signal of Florida.* **Sign	— 6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered	d Agent	
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. SIGNATURE Busilian specific production is eligible to adult the #application. P. This copporation is eligible to adulty its intrangible Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State THE NOW!!I.FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State THE NAME STREET ADDRESS CITY-S1-2P THE NAME STREET ADDRESS CITY-S			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
Milami FL 33176 City FL Zip Code	Martin A. Drutz, Accountant 8966 S.W. 87 Ct. Suita 12-A					
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11.	Miami. FL 33176		City	<u> </u>	Zip Code	
Tax filing requirement and elects to do so. (See criteria or back) Make Check Payeble to Department of State Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Addition Addition Make Check Payeble to Department of State Trust Fund Contribution. Addition Addition Trust Fund Contribution. A	SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable. (NC	DTE. Registered Agent signature rictui	rad when resistating) DATE		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.