## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 687819  1. Entity Name A CLEANER WORLD DRY CLEANING, INC.					05 SEP 23 PM 3: 47				
Principal Plac	e of Business	Mailing Address	Mailing Address			2 251 -			
2100 N.E. 123RD STREET NORTH MIAMI, FL 33181-2902			2100 N.E. 123RD STREET North Miami, FL 33181-2902		SELLING TALLINGTE				
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08032005	Chg-P	CR2E034 (10/0	<b>)3)</b>	
City & State		City & State			4. FEI Number 59-2046367		Applied For Not Applicable		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and A	Address of New F	Registered Agent		
SAENZ, RAUL M					Name				
8180 NW 36TH STREET SUITE 100			Street A	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33166								
			City				FL Zip C	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. I 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)  DATE									
Amended AR is \$61.25  9. Election Campaign Trust Fund Contribu				<b>\$5.</b> Add	.00 May Be ed to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
title Namë	STD CARGILL, ALLISON	☐ Delete	TITLE NAME				Chan	ge 🗌 Addition	
STREET ADDRESS	14151 SW 26TH ST.		STREET ADORESS						
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP	<u> </u>					
TITLE	P KATHETA	☐ Delete	TITLE	j			Chan	. – 1	
NAME STREET ADDRESS	TAYLOR, KATHLEEN 2100 NE 123RD ST	NAME STREET ADDRESS	ESS 6600 Collins AVE APT 16N						
CITY-ST-ZIP	N. MIAMI, FL 33181			-1					
TITLE		☐ Delete	TITLE		en Mec		Chan	ge 🖽 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	40	en Mec	57 5/1	POST		
CITY-ST-ZIP			CITY-ST-ZIP-	110	1/4000	1 FT.	33021-18	13	
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition	
name Street address			NAME STREET ADDRESS	İ	40	00059	90136 1012 **	4	
CITY-ST-ZIP			CITY-ST-ZIP		09/23	/050105	1012 **	61.25	
TITLE		☐ Delete	INLE				☐ Chan	ge 🔲 Addition	
NAME			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	i					
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition	
NAME			NAME ATTICET LODGECC						
STREET ADORESS CITY-ST-ZIP		/	STREET ADDRESS City-St-ZIP	i					
12. 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 trusted empowered to Specute 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:  SIGNATURE:  Date Do printed on printed name of signing officer or director  Date Doyume Phone #									