

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001134

Entity Name: ARSLAN UNIFORMS, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

4119 SPRING GROVE AVE.
CINCINNATI, OH 45223

New Principal Place of Business:

4119 SPRING GROVE AVE.
CINCINNATI, OH 45223

Current Mailing Address:

4119 SPRING GROVE AVE.
CINCINNATI, OH 45223

New Mailing Address:

4119 SPRING GROVE AVE.
CINCINNATI, OH 45223

FEI Number: 31-1775617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURO, MICHELE
14450 AMAPOLA WAY
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ARSLAN, HAYRIYE
Address: 4119 SPRING GROVE AVE.
City-St-Zip: CINCINNATI, OH 45223

Title: VCVP (X) Delete
Name: ARSLAN, HIKMET
Address: 4119 SPRING GROVE AVE.
City-St-Zip: CINCINNATI, OH 45223

Title: DS () Delete
Name: ARSLAN, SERKAN
Address: 4119 SPRING GROVE AVE.
City-St-Zip: CINCINNATI, OH 45223

Title: DT () Delete
Name: ARSLAN, HAKAN
Address: 4119 SPRING GROVE AVE.
City-St-Zip: CINCINNATI, OH 45223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: ARSLAN, HAYRIYE
Address: 4119 SPRING GROVE AVE.
City-St-Zip: CINCINNATI, OH 45223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ARSLAN, SERKAN
Address: 4119 SPRING GROVE AVE.
City-St-Zip: CINCINNATI, OH 45223

Title: DT (X) Change () Addition
Name: ARSLAN, HAKAN
Address: 4119 SPRING GROVE AVE.
City-St-Zip: CINCINNATI, OH 45223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAKAN ARSLAN

DT

04/25/2007

Electronic Signature of Signing Officer or Director

Date