2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001134

City-St-Zip:

CINCINNATI, OH 45223

Entity Name: ARSLAN UNIFORMS, INC.

FILED Apr 27, 2009 Secretary of State

Littly Na	IIIE. AROLAN	ONIFORING, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	ING GROVE A ATI, OH 45223				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	ING GROVE A ATI, 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:			Name and Address of	Name and Address of New Registered Agent:	
MAURO, MICHELE 14450 AMAPOLA WAY DELRAY BEACH, FL 33484 US			SHIRLEY, MORAN 320 PATLIN CIRCLE E. LARGO, FL 33770 U	320 PATLIN CIRCLE E.	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: SHIRLE	/ MORAN		04/27/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP (ARSLAN, HAY 4119 SPRING CINCINNATI, C	GROVE AVE.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DS (ARSLAN, SER 4119 SPRING CINCINNATI, C	GROVE AVE.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	DT (ARSLAN, HAK 4119 SPRING		Title: (Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: HAKAN ARSLAN DT 04/27/2009