


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90015 027 \*\*\*150.00

**DOCUMENT # F89993**  
 1. Entity Name  
 COUNTRY CLUB CLEANERS, INC.



Principal Place of Business      Mailing Address  
 749 NE 167TH ST      749 NE 167TH ST  
 N MIAMI BCH, FL 33162      N MIAMI BCH, FL 33162

**40048648**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01212008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 59-2223442      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S  
 627 71ST STREET  
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD       Delete  
 NAME: DHAYA, AKEBERALI  
 STREET ADDRESS: 20530 NE 13 CT.  
 CITY-ST-ZIP: MIAMI, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS: 1340 NE 205 TER.  
 CITY-ST-ZIP: MIAMI, FL 33179

TITLE:       Delete  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Delete  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Delete  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Delete  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Delete  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Dhaya*      A. Dhaya      x 3-17-08      x 305-651-8349  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #