## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G67562  1. Entity Name						FILED				
ROYAL CLEANERS, INC.						05 OCT 19 PH 2: 35				
Principal Place 2100 NE 123 NORTH MIAM		Mailing Address 2100 NE 123RD ST NORTH MIAMI, FL 33181-2902				A SMETARY OF STATE LALLAHASSEE, FLORIDA				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Numb		•••		lied For Applicable		
Zip	Country	Zip Coun		try	5. Certificat		\$8.75 Additional Fee Required			
	6. Name and Address of Currer	nt Registered Agent			7. Name an	d Address of New	Registered Age	nt		
TAYLOR, PETER 2100 NE 123RD ST NORTH MIAMI BEACH, FL 33181					Street Address (P.O. Box Number is Not Acceptable)  8180 NW 3611 57reel Su.Te 100					
				City 1110	IMI, F.		FL	Zip Code 33/6	6	
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 algnature required when reinstating)  DATE										
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DI	RECTORS		
NAME STREET ADDRESS CITY-ST-ZIP				- i	S00059901435 s 09/23/0501051013 **61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, KATHLEEN C 1985 NE 118TH RD N. MIAMI, FL 33181	LOR, KATHLEEN C NV ST NE 118TH RD ST						] Change	Addition	
TITLE NAME		☐ Delete	TITLI	.   <del>-</del>	went M	cckler 415T ST		] Change	Addition	
STREET ADDRESS CITY-ST-ZIP	-	_		eet address 4	96/N.	5. J, FT.	33021-	1813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E LE EET ADORESS ('-ST-ZIP	462	10/24		] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			W.			] Change	Addition	
TIFLE NAME SIREET ADDRESS CITY-ST-ZIP	,	Delete	CITY	AE EET ADDRESS (+ST+ZIP				] Change	☐ Addition	
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 been 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 an other like empowered.										
SIGNATURE: SIGNATURE OF SIGNING OFFICER OF DIRECTOR Days Days Days Days Days Days Days Days										