2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # K92757 04-02-2007 90081 002 ***150.00 ALTIDOR CLEANERS, INC. Principal Place of Business Mailing Address 115 W. SUNRISE BLVD. 115 W. SUNRISE BLVD. 40046649 FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0121217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Altidor, Pierre J ALTIDOR, PIERRE O. Street Address (P.O. Box Number is Not Acceptable) 648 NE 34 CT FT LAUDERDALE, FL 33334 street 114 m NL) Zip Code 3316フ 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. can NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE 💢 Delete TITLE Change Pierre Jean Altidor NW 114th Street ALTIDOR, PIERRE O. NAME NAME 1471 ^ Miani STREET ADDRESS 648 NE 34 CT STREET ADDRESS 33167 FL. FT LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

FILED