2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013642

Entity Name: PARIS CLEANERS OF BAYSIDE, LLC

QUADRI, MUHAMMAD S

MIAMI, FL 33186

10234 S.W. 139TH PLACE

Name:

Address:

City-St-Zip:

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1717 N. BAYSHORE DRIVE #125 MIAMI, FL 33132 **Current Mailing Address: New Mailing Address:** 2920-2922 CORAL WAY MIAMI, FL 33145 FEI Number: 56-2346360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMCHICK, BRUCE 9130 S. DADELAND BLVD., STE. 1101 MIAMI, FL 33156 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AHMED, MUNIR Name: Name: 12054 S.W. 117TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: ABID, MOHAMMAD S Name: Address: 11825 S.W. 119TH PLACE RD Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AHMED, JAMIL Name: Name: 10520 S.W. 146TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BASHIR, ALAMGIR Name: Address: 15789 S.W. 102ND STREET Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: MGRM () Delete Title: () 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAMGIR BASHIR MGRM 04/20/2009