2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 25, 2006 08:00 AM DOCUMENT # L04000040145 **Secretary of State** 1. Entity Name G.T. DRY CLEANERS, L.L.C. Mailing Address Principal Place of Business 9023 BISCAYNE BOULEVARD MIAMI SHORES FL 33138 US 9023 BISCAYNE BOULEVARD MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. It, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-1177935 Not Applicat Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MREJEN, ARIE P.A. Street Address (P.O. Box Number is Not Acceptable) 701 W. CYPRESS CREEK RD STE, 302 FT. LAUDERDALE FL 33309 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 Signature, typed or printed harne of registered agent and title if auchicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May t, 2006 ٥. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME ACUATE, DAVID NAME 02/02/06-80037-STREET ADDRESS PO BOX 5082 STREET ADDRESS -013 50.00 CITY-ST-ZIP CUTY-SI-ZIP FT LAUDERDALE FL 33310 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete T271.F ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition 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 7171.5 ☐ Delete 71T1 F Change ☐ Addition HARSE MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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.

SIGNATURE: DAVID AWA

23.1.06 3057569875

FILED