
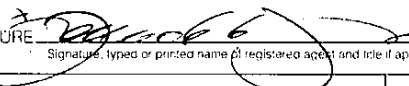



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 024 ***158.75

DOCUMENT # L70011 1. Entity Name MICHELLE CLEANERS, INC.			
Principal Place of Business HALIMA, MICHELLE, ALI 11212 PINES BLVD PEMBROKE PINES, FL 33025 US		Mailing Address HALIMA, MICHELLE, ALI 11212 PINES BLVD PEMBROKE PINES, FL 33025 US	
2. Principal Place of Business - No P.O. Box # 11212 PINES BLVD Suite, Apt. #, etc.		3. Mailing Address 11212 PINES BLVD Suite, Apt. #, etc.	
City & State PEMBROKE PINES FL Zip 33026		City & State PEMBROKE PINES FL Zip 33026	
Country USA		Country USA	
4. FEI Number 65-0223149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALI, HALIMA MICHELL 11212 PINES BOULEVARD HOLLYWOOD, FL 33026		7. Name and Address of New Registered Agent Name JAVIER DELAQUINTA Street Address (P.O. Box Number is Not Acceptable) 11212 PINES BLVD City PEMBROKE PINES FL Zip Code 33026	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 1-4-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, HALIMA MICHELLE 11212 PINES BLVD PEMBROKE PINES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAVIER DELAQUINTA 11212 PINES BLVD PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROCIO DELAQUINTA 11212 PINES BLVD PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1-4-08 <small>Daytime Phone #</small>	