


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M36801</b> 1. Entity Name UNIVERSITY DRYCLEANERS, INC.	
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Principal Place of Business 100 S UNIVERSITY DR PEMBROKE PINES, FL 33025 US	Mailing Address 100 S. UNIVERSITY DR. PEMBROKE PINES, FL 33025
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03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2702999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MOGILEVSKY, LILIANA  
18434 NORTHWEST 10 STREET  
PEMBROKE PINES, FL 33029

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000894116 04/24/08-80015-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOGILEVSKY, LILIANA 18434 NW 10 ST. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOGILEVSKY, LEON 18434 NW 10 STREET PEMBROKE PINES, FL
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**DO NOT WRITE  
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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:** *Liliana Mogilevsky* **LILIANA MOGILEVSKY SEC. 3/30/08 974437018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #