
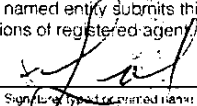


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 020 ***150.00

DOCUMENT # M49897 1. Entity Name R.S. CLEANERS, INC.																													
Principal Place of Business % RODOVALDO GOMEZ 2479 NW 36TH ST MIAMI FL 33142			Mailing Address % RODOVALDO GOMEZ 2479 NW 36TH ST MIAMI FL 33142																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 59-2803905																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GOMEZ, RODOVALDO 2479 NW 36TH ST MIAMI FL 33142			7. Name and Address of New Registered Agent Name SANTIAGO LEAL Street Address (P.O. Box Number is Not Acceptable) 7974 SW 8TH ST City MIAMI FL 33142																										
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  DATE _____ <small>Signature must be printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when remaining)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOMEZ, RODOVALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2479 NW 36TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	GOMEZ, RODOVALDO		STREET ADDRESS	2479 NW 36TH ST		CITY-ST-ZIP	MIAMI FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">President</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Leal Santiago</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7974 SW 8TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33142</td> <td></td> </tr> </table>			TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Leal Santiago		STREET ADDRESS	7974 SW 8TH ST		CITY-ST-ZIP	MIAMI FL 33142	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #