2005 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P00000009092

1. Entity Name CITY LINEN CORPORATION

FILED May 05, 2005 08:00 AM Secretary of State

Principal Place of Business

117-119 N.E. 1ST STREET MIAMI, FL 33132

Mailing Address

117-119 N.E. 1ST STREET MIAM!, FL 33132



05032005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0981576

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL-CORREA, JEANNETTE 10028 SW 16TH STREET PEMBROKE PINES, FL 33025

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				11 0 1111	O OI AOL	
	named entity submits this statement for the ions of registered agent	e purpose of changing its registere	d office or r	egistered agent, or both, in the	State of Florida. I am familiar wi	h, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and til	tle if applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	<u>=</u>
	LE NOWIII FEE IS \$550.00 ue by September 7, 2005	9. Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIR	ECTORS			1. AA	,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAIRAT, MOHAMMAD A 117-119 N.E. 1ST STREET MIAMI, FL 33132	-			J00000363353 J5705-80154-008 13	···-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	35/05-80154-008 1 <u>\$</u>	38.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						.,
12. I hereby of indicated	certify that the information supplied with this to this report or suppliemental report is true	s filing does not qualify for the exer e and accurate and that my signat	nption state ure shall ha	d in Section 119.07(3)(i), Florid ve the same legal effect as if m	la Statutes. I further certify that the	e information cer or director

of the corporation or the receiver of the receiver of the corporation of the corporation or the receiver of th

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR