## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000028568**

1. Entity Name

CORPORATE DRY CLEANERS INC.



FILED · ·-Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

1 SE 3RD AVENUE

SUITE 408 MIAMI, FL 33131

Mailing Address

1 SE 3RD AVENUE SUITE 408 MIAMI, FL 33131



## DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0995261 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, DOLALILA 1 SE 3RD AVENUE SUITE 408

## DO NOT WRITE

MIAMI, FL 33131				IN THIS SPACE				
	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Flo	rida. I am fami	liar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	Agent signature r	equired when reinstating)	<u> </u>	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	U0000052 05/02/06-80	1114 1121-n19	150 00	
10.	OFFICERS AND DIRECT	rors				· <del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, DOLALILA 1 SE 3RD AVENUE SUITE 408 MIAMI, FL 33131				<i>:</i>			
TITLE VAME STREET ADDRESS CITY-ST-ZIP	VD GUTIERREZ, GABRIEL 1 SE 3RD AVENUE SUITE 408 MIAMI, FL 33131		,					
TITLE NAME								
STREET ADDRESS CITY+ST+ZIP				DO	NOT W	RITE		
HTLE Vame Street address City - ST- Zip				IN T	THIS SP	ACE	and a day of	
HTLE NAME STREET ADDRESS CITY-ST-ZIP				# 1 E	\$4.4		e ser en	
TITLE HAME STREET ADDRESS CITY-ST-ZIP							. : : : : : : : : : : : : : : : : : : :	
12. Thereby o	certify that the information supplied with this fili	ng does not qualify for the exe	mptions conf	ained in Chapter 119	), Florida Statutes. I	further certify t	nat 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 of 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