2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000051805

1. Entity Name
SUPREMA FIFTH AVENUE DRY CLEANERS, INC.

Principal Place of Business	Mailing Address
7400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487	7400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1011850
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIM, WOOUNG B
7400 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

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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 _____ 4/29/08
Signature, typed or printed name of registered agent, and title if applicable. (*Registered Agent signature required when reinstating*) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000944275
05/29/08-80092-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	KIM, WOOUNG B
STREET ADDRESS	9928 PALMA VISTA WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 addition, or all other like empowered.

SIGNATURE: _____ 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #