## **2008 FOR PROFIT CORPORATION**

## Apr 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P01000001499** 1. Entity Name AMATO ONE HOUR CLEANER CORP. Principal Place of Business Mailing Address 5393 S.W. 90TH COURT 5393 S.W. 90TH COURT MIAMI, FL 33165 MIAMI, FL 33165 No Chg-P CR2E034 (11/05) 01192008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1064486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent はいいは AMATO, IGNAZIO DO NOT WRIT 5393 S.W. 90TH COURT MIAMI, FL 33165 IN THIS SPAC 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n AMATO, IGNAZIO NAME STREET ADDRESS 5393 S.W. 90TH COURT CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered

TITS F NAME STREET ADDRESS CITY-ST-ZIP

**FILED**