2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 24, 2006 8:00 am Secretary of State

Davtime Phone #

DOCUMENT # P01000077436 1. Entity Name J. & J. CLEANERS INC.							03-24-2006 90030 004 ***150.00				
Principal Plac	a of Business		1.4	ailing Address		-	UUF-	- 1			
Principal Place of Business 4234 SW 152 AVENUE MIAMI, FL 33185			4	1234 SW 152 AVENUE Alami, FL 33185			ar ^{ar}				
] 				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03092006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State			4. FEI Number 65-1136			No	oplied For ot Applicable
Zip	Country			Zip	Country		5. Certificate of	f Status Desired	□ \$	8.75 Add ee Require	litional d
6. Name and Address of Current Re				egistered Agent			7. Name and Address of New Registered Agent				
						Name					
FELIPE, MARIA G 4234 SW 152 AVENUE MIAMI, FL 33185						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	э
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											
		FEE IS \$150.00 Fee will be \$5		9. Election Campa Trust Fund Con			00 May Be ed to Fees				:
10.	,	OFFICERS	AND DIRE	CTORS		ADDITIONS/C	HANGES TO OFFI	CERS AND I	DIRECTOR	3 IN 11	
TITLE NAME	PD FELIPE, MARIA G			Delete TITLE						☐ Change	☐ Addition
STREET ADDRESS	1 '					ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33185				CITY	-SI-ZIP					
TITLE				☐ Delete TITLE						Change	Addition
NAME Street Address				NAM(STRE		ET ADDRESS					
CITY-ST-ZIP					•	-ST-ZIP					
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NAME	ĺ				NAM	1					
STREET ADDRESS	}					ET ADDRESS					
CITY-ST-ZIP					_	-ST-ZIP				C) (b	- Addition
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NAME	NAM CTR					E ADDRESS					
STREET ADDRESS City-St-Zip						-ST-ZIP					
TITLE				· 🔲 Delete	TITL	E				☐ Change	Addition
NAME OTHER ADDRESS					E						
STREET ADDRESS CITY-SI-ZIP						ET ADDRESS -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											or director
changed,	or on an attac	chment with an add	ess, with a	I other like empowered	!.	·, · ·p		,		. •	

NING OFFICER OR DIRECTOR