


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/1

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-01-2007 90001 024 ***150.00

DOCUMENT # P01000102888 1. Entity Name RENEE CLEANERS, INC.		
Principal Place of Business 1526 FEDERAL HWY DELRAY BEACH, FL 33483	Mailing Address 1526 FEDERAL HWY DELRAY BEACH, FL 33483	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHIARELLA, ALFRED B 1526 FEDERAL HWY DELRAY BEACH, FL 33483		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renaming)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CHIARELLA, ALFRED B 6553 VIA TRENTO DELRAY BCH, FL 33446	
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 address, with all other files empowered.		
SIGNATURE: <u>Alfred B. Chiarella</u> ALFRED B. CHIARELLA PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: <u>6-6-07</u> Daytime Phone: _____		

66018901



05232007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1150553

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**