


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P02000037893 |  |
| 1. Entity Name PAUL'S DRYCLEANING, INC. | |

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| Principal Place of Business 3610 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309 | Mailing Address C/O S KRAFT PA 934 N UNIVERSITY DRIVE, #250 CORAL SPRINGS, FL 33071 |
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 03-0423798 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

KIM, PAUL
3610 N. ANDREWS AVE
OAKLAND PARK, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. This entity 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD KIM, PAUL 3610 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309 |
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U000000859500
04/02/08-80025-011 150.00

**DO NOT WRITE
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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 like empowered.

SIGNATURE: Paul Kim 3/10/08 904-366-3047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #