


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000079540		
1. Entity Name MASTER CLEANERS OF SOUTH FLORIDA, INC.		

Principal Place of Business 134 NW 109TH AVE. 107 PEMBROKE PINES, FL 33026 US	Mailing Address PO BOX 450334 SUNRISE, FL 33345 US
--	--

2. Principal Place of Business 5107 SW 140 TER Suite, Apt. #, etc.	3. Mailing Address [Handwritten Address]
--	---

City & State Miramar, Florida	City & State [Handwritten Address]
Zip 33027	Country USA

FILED
05 SEP 27 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142005 Chg-P CR2E034 (10/03)

4. FEI Number 13-4204869	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 WHICHARD, ROBERT PO BOX 450334 SUNRISE, FL 33345	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: [Handwritten Signature]	DATE: 9/22/2005

FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. WHICHARD, ROBERT P 134 NW 109TH AVE. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5107 SW 140 TER Miramar, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. WHICHARD, JEANENE 134 NW 109TH AVE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5107 SW 140 TER Miramar, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR 9/28 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060085814 09/29/05--01058--019 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Handwritten Signature]	DATE: 9/22/2005 9542497219

PO Box 450334
Sunrise, Florida 33345

September 22, 2005

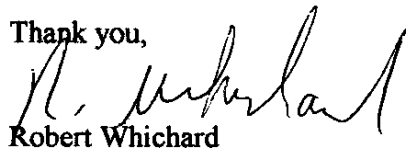
Reference: Document # P02000079540

Florida Department of State
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Florida Department of State,

I'm writing to you in response to provision waiver. It would be appreciated if the \$400.00 late fee be waived. My annual report notice was not received. Enclosed is a check for \$150.00 and my principal place address has been updated on the document.

Thank you,

A handwritten signature in black ink, appearing to read "R. Whichard", written over the printed name.

Robert Whichard