2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 01, 2006 08:00 AN Secretary of State DOCUMENT # P03000011365 M & D ONE PRICE DRY CLEANING, INC. Principal Place of Business Mailing Address 9841 GLADES ROAD 9841 GLADES ROAD **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 01-0767701 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 City Zip Code 8. The above named entry 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 SIGNATURE Signature, typed or printed name of registered agent and life # applicable (NOTE Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANG OFFICERS AND DIRECTORS IN 11 11. 7/06-80053-016□19909:00□Alia THE TITLE ☐ Delete SHEVTSOV, IRENE NAME NAME STREET ADDRESS STREET ADDRESS 9841 GLADES ROAD CITY-ST-ZIP BOCA RATON FL 33434 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Adria. NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THILE ☐ Delete TITLE ☐ Change Addis-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP ☐ Defete ☐ Change TITLE BRE Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Adiciii TITLE Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIF CITY - ST - ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 truit my name appears in Block 10 or Block 11

Daytime Phone 8

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: