## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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	A	pr 25 Secre	FILED 5, 2005 tary of	8:00 ar State			
20044618							
	04132005	Chg-P	CR2E034(1	0/03)			
	4. FFI Number	•		Applied For			

DOCUMENT # P03000076965  1. Entity Name DOUBLE R CLEANERS INC					04-25-2005 90250 033 ***150.00					
Principal Place 8789'NW 50T LAUDERHILL,	H ST	US	20044618							
2. Principal Pla 5171 Suite, Apt, 4	S University D	3. Mailing Address 5171 5 Uni Suite, Apt. #, etc.	versity	Dr.						
City & State	•	Gity & State	<u> </u>	-0413200		CR2E034(10/03)	oplied For			
DAVIE	FL	Davie, FL		1	896279	No	ot Applicable			
<sup>zip</sup> つうさ	Country	33338	Country		ate of Status Desired	S8.75 Add Fee Require				
: -	6: Name and Address of Current F	registered Agent	Name	Daha I	and Address of New I	Registered Agent				
PEREZ, RC 8789 NW 50			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
LAUDERHI	LL, FL 33331	~·•	51715. University Drive							
* *	, 		City D	Davie	J	FL 253	338			
	named entity submits this statement for ons of registered agent	the purpose of changing its re	gistered office or	registered agent, or	both, in the State of Fl	orida. I am familiar with,	and accept			
SIGNATURE_	Signature, lyped or printed name of registered agent a	nd title if applicable, (NOTE: F	legistered Agent signatti	To required when reinstating	sicent	40105				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND (	DIRECTORS	11,	ADDITIO	NS/CHANGES TO OF	ICERS AND DIRECTOR	S IN 11			
TITLE	P PEREZ, ROBERT	Delete	TITLE NAME	Perez, Ro	obert	Change	☐ Addition			
NAME STREET ADDRESS	8789 NW 50TH ST		STREET ADORESS	5171 3.1	University	Drne				
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP	Davie, F	1 33338					
FITLE NAME	VP PREDELUS, USHINA	Delete	TITLE NAME	VP Predelus	Ushina	Change	Addition			
STREET ADDRESS	8789 NW 50TH ST		STREET ADDRESS	בַּוֹלוֹנִצְּי	University	Drive				
CITY+ST-ZIP	LAUDERHILL, FL 33351	☐ Delete	CITY+\$1-ZIP	Davie,	rl 3 <del>330</del>	□ Change	Addition			
NAME		LJ Delete	NAME	. اس منیا د	. سيد	— — —— ——				
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-SI-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME STREET ADDRESS			name Street address				]			
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME :			☐ Change	Addition			
STREET ADORESS			STREET ADDRESS				]			
CITY-SI-ZIP	markly their their information (1991) 1 (20)	ship filling place and a 1-16 of 10	CITY-ST-ZIP	ad in Continue 110 01	VOVIX Florids Chart	Liusthas annih. st s. s.	oformation			
12. I hereby certify that the information supplied with this filling 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	ther like empowered.				_				
SIGNATI	IIDE:		sident		4121105	(951)-251	7-122米			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR