2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084661

DORAL, FL 33178

City-St-Zip:

Entity Name: LAVOFLUX DRY CLEANING, CORP.

FILED Jan 18, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3655 NW SUITE 108 DORAL, F	3				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3655 NW SUITE 108 DORAL, F	3				
FEI Number	: 20-0130241	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
8300 NW : #300 DORAL, F	EZ, JUAN CAI 53 STREET L 33166 US		vurnaca of changing its registers	d office or registered agent or both	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (CONTRERAS, 3655 NW 107 DORAL, FL 3	AVE #108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X CONTRERAS, 3655 NW 107 DORAL, FL 33	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (X FUENMAYOR, 3655 NW 107 DORAL, FL 33	AVE #108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () FUENMAYOR, 3655 NW 107		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ARGENIS J CONTRERAS PRES 01/18/2007