


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
--2010  
**ANNUAL REPORT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 15 PM 2:47

DOCUMENT # P04000011280

1. Corporation Name

COMET CUSTOM CLEANERS, INC

100185669911  
09/21/10--01002--001 \*\*150.00

KS

2. Principal Office Address - No P.O. Box # 3700 Central Avenue		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite Apt #, etc	
City & State St. Petersburg		City & State	
Zip FI	Country USA	Zip	Country

4. Date Incorporated or Qualified  
To Do Business in Florida 01/15/2004

5. FEI Number  
20-0615113

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Jamileh Tabib

Street Address (P.O. Box Number is Not Acceptable)  
5224 Kernwood Court

Suite, Apt. #, Etc

City  
Palm Harbor

State  
FL

Zip Code  
34685

100185669911  
10/19/10--01001--015 \*\*400.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Jamileh Tabib*  
REGISTERED AGENT MUST SIGN

Date 9/15/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Issa Tabib	5224 Kernwood Ct.	Palm Harbor, FI 34685
VP	Jamileh Tabib	5224 Kernwood Ct.	Palm Harbor, FI 34685

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617 F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE:

*Jamileh Tabib* Jamileh Tabib

Date

Daytime Phone #