2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

04-29-2005 90294 048 ***150.00

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04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000091856

1. Entity Name
YULEIDYS UNIFORM SERVICE, INC.

Principal Place of Business	Mailing Address
9806 NW 80 AVE - # 12-Q HIALEAH GARDENS, FL 33016	9806 NW 80 AVE - # 12-Q HIALEAH GARDENS, FL 33016

2. Principal Place of Business	3. Mailing Address
9807 NW 80 Ave	
Suite, Apt #, etc. #11-R	Suite, Apt. #, etc. Same.
City & State Hialeah Gardens, Fl	City & State
Zip 33016 Country Miami Dade	Zip Country

4. FEI Number 56-2466892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORGE, YULEIDYS 9917 W OKEECHOBEE RD - 4510 HIALEAH GARDENS, FL 33016	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 [signature] 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D JORGE, YULEIDYS 9917 W OKECHOBEE RD - 4510 HIALEAH GARDENS, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/26/05 (305) 218-4802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #