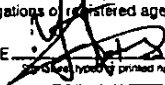
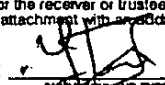


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90294 048 ***150.00

DOCUMENT # P04000091856 1. Entity Name YULEIDYS UNIFORM SERVICE, INC.					
Principal Place of Business 9806 NW 80 AVE - # 12-Q HIALEAH GARDENS, FL 33016			Mailing Address 9806 NW 80 AVE - # 12-Q HIALEAH GARDENS, FL 33016		
2. Principal Place of Business 9807 NW 80 Ave Suite, Apt. #, etc. # 11-R		3. Mailing Address Suite, Apt. #, etc. SAME.			
City & State Hialeah Gardens, FL		City & State SAME.			
Zip 33016	Country Miami Dade	Zip 	Country 	4. FEI Number 56-2466892	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JORGE, YULEIDYS 9917 W OKEECHOBEE RD - 4510 HIALEAH GARDENS, FL 33016				7. Name and Address of New Registered Agent 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:  DATE: 4-26-05 (NOTE: Registered Agent signature required when reinstating)					
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 D NAME JORGE, YULEIDYS STREET ADDRESS 9917 W OKEECHOBEE RD - 4510 CITY-ST-ZIP HIALEAH GARDENS, FL 33016	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 			Date: 4/26/05 (605)218-4802		

66023211



04212005 Chg-P CR2E034 (10/03)