2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008001

Entity Name: MARY'S CLEANERS CORP.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

210 MANOR BLVD. 8107 SANCTUARY DR

1303 UNIT 1

NAPLES, FL 34104 US NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

210 MANOR BLVD. 8107 SANCTUARY DR 1303 UNIT 1

NAPLES, FL 34104 US NAPLES, FL 34104 US

FEI Number: 72-1591996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 PIZO, MARY S MRS.
 PIZO, MARY S MRS.

 210 MANOR BLVD
 8107 SANCTUARY DR

 1303
 UNIT 1

 NAPLES, FL 34104 US
 NAPLES, FL 34104 US

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.

SIGNATURE: 05/05/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 PIZO, MARY S MRS

 Address:
 210 MANOR BLVD. APT 1303

NAPLES, FL 34104 US

NAPLES, FL 34104 US

NAPLES, FL 34104 US

Title: VP () Delete
Name: ALVAREZ, CARLOS A SR.
Address: 210 MANOR BLVD. APT 1303

City-St-Zip:

City-St-Zip:

City-St-Zip:

Title: M () Delete

Name: ALVAREZ, CAROLINA MS.

Address: 210 MANOR BLVD, APT 1303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PIZO, MARY S MRS
Address: 8107 SANCTUARY DR UNIT 1

City-St-Zip: NAPLES, FL 34104 US

Title: VP (X) Change () Addition
Name: ALVAREZ, CARLOS A SR.
Address: 8107 SANCTUARY DR UNIT 1
City-St-Zip: NAPLES, FL 34104 US

Title: M (X) Change () Addition
Name: ALVAREZ, CAROLINA MS.
Address: 8107 SANCTUARY DR UNIT 1
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARY S. PIZO P 05/05/2008