2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90825 020 ***150.00

DOCUMENT # P05000054936 1. Entity Name HOLLYWOOD PREMIUM CLEANERS CORP							04-30	-2007 908.	23 020 ***1.	30.00
Principal Place of Business 744 WOODLARK DRIVE DAVENPORT, FL 33897		Mailing Address 744 WOODLARK DRIVE DAVENPORT, FL 33897				400	92407)		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01182007	Chg-P	CR	2E034 (12/06)		
City & State	3	City & State				4. FEI Numb				plied For
Zip	Country Zip Coun		Countr	у		5. Certificate	-	sired	\$8.75 Add	litional
6. Name and Address of Current Registered Agent						7. Name and	Address of	New Register	ed Agent	
FIGUEROA, IRENE 212 FAIR HOPE DAVENPORT, FL 33897					<u>, </u>	P.O. Box Numb		UEROF eptable)	 	
DAVENTO	K1, FL 33091			74	4	WOOD	ARK	DR		
						ENPOR			Zip Cod	28 <i>07</i> .
the obligati		2 COC 1 and bile il applicable. (NOT	IE Registered	Agent signatur	re required	when reinstating) OO May Be ed to Fees	th, in the Stat	te of Florida. I	125/07	and accept
	*****								-	
10.	OFFICERS AND		11.		ক	ADDITIONS	CHANGES 1	O OFFICERS	AND DIRECTORS	
TITLE NAME	FIGUEROA, IRENE V	Delete	TITLE	.		BUENDA	IOF	ve ∨	Change	Addition
STREET ADDRESS	212 FAIR HOPE PASS			T ADDRESS	74	4 W001	DUARK	Dr	•	
CITY-ST-ZIP	DAVENPORT, FL 33897		CHTY-S	ST-ZIP	DA	NEWPORT	اجر ا	3389	17	
TITLE	VP	☐ Delete	TITLE		./ 6				Change	Addition
NAME	FIGUEROA, ARTURO		NAME		AQT	uro fig	0 5 (W) 4	DR-	/ `	
STREET ADDRESS CITY-ST-ZIP	212 FAIR HOPE PASS DAVENPORT, FL 33897		CITY-S	T ADDRESS ST-ZIP	740	I WOOD VENPORT	- C1	33.89)	
TITLE		Delete	TITLE		74-1	JEKOKOK I	70	<u> </u>	Change	☐ Addition
NAME			NAME							
STREET ADDRESS				1 ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
TIFLE		☐ Delete	TITLE						☐ Change	Addition Addition
NAME STREET ADDRESS			NAME STREET	TADDRESS						
CITY-ST-ZIP			CITY-S	1						
TITLE		☐ Defele	TITLE						Change	Addition
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS						
		r	CITY-S	51 - ZIP						
TITLE NAME		☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
indicated	sertify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp	is true and accurate and that	my signatu	ire shall ha	ive the s	same legal effec	ct as if made	under oath; th	at I am an officer	or director