

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/06)

4. FEI Number **74-3145778** ☐ Applied For  
☐ Not Applied

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

<b>DOCUMENT # P05000070234</b>			
1. Entity Name <b>JL DRY CLEANERS, INC.</b>			
Principal Place of Business <b>6081 W. SUNRISE FT. LAUDERDALE FL 33313</b>		Mailing Address <b>6081 W. SUNRISE FT. LAUDERDALE FL 33313</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>LEE, HYEUK H 6081 W. SUNRISE BLVD. FT. LAUDERDALE FL 33313</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...	
NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEE, HYEUK H</b> <b>19390 SW 29TH CT.</b> <b>MIRAMAR FL 33029</b> <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<b>U00000608393</b> <b>02/01/07-80008-011 150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEE, SEONG SUK H</b> <b>19390 SW 29TH CT.</b> <b>MIRAMAR FL 33029</b> <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **1/24/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #