2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State
04-18-2006 90070 047 ***150.00
05-01-2006 90387 002 ***150.00

DOCUMENT # P05000127435

1. Entity Name
ITABO'S DRY CLEANERS, INC.

Principal Place of Business	Mailing Address
9411 SW 4TH STREET, #314 MIAMI, FL 33174	9411 SW 4TH STREET, #314 MIAMI, FL 33174

04082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
585 E 49 St	
Suite, Apt. #, etc. # 7	Suite, Apt. #, etc.
City & State Hialeah Fl	City & State
Zip 33013 Country U.S.	Zip Country

4. FEI Number 20-3641062 ☐ 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
PINO, RAUL F ESQ. 2440 CORAL WAY MIAMI, FL 33145	Name: Mercedes Garcia Street Address (P.O. Box Number is Not Acceptable): 9411 SW 4 St # 314 City: Miami FL Zip Code: 33174

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: X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

X **FILE NOW!!! FEE IS $150.00**
After May 1, 2006 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	PD GARCIA, MERCEDES 9411 SW 4TH STREET, #314 MIAMI, FL 33174	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS GIRALDO, AMAURY 9411 SW 4TH STREET, #314 MIAMI, FL 33174	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT AGRAMONTE, SILVIA S 9411 SW 4TH STREET, #314 MIAMI, FL 33174	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #