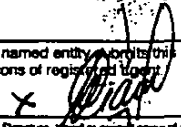
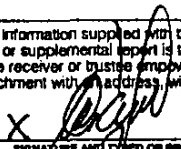


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4. 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 9411 SW 4TH STREET, #314 MIAMI, FL 33174		Mailing Address 9411 SW 4TH STREET, #314 MIAMI, FL 33174	
2. Principal Place of Business 585 E 49 St		3. Mailing Address	
Suite, Apt. #, etc. # 7		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33013	Country U.S.	Zip	Country
6. Name and Address of Current Registered Agent PINO, RAUL F ESQ. 2440 CORAL WAY MIAMI, FL 33145		7. Name and Address of New Registered Agent 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 certifies 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	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	GARCIA, MERCEDES		
STREET ADDRESS	9411 SW 4TH STREET, #314		
CITY-ST-ZIP	MIAMI, FL 33174		
TITLE	VDS	☐ Delete	
NAME	GIRALDO, AMAURY		
STREET ADDRESS	9411 SW 4TH STREET, #314		
CITY-ST-ZIP	MIAMI, FL 33174		
TITLE	DT	☐ Delete	
NAME	AGRAMONTE, SILVIA S		
STREET ADDRESS	9411 SW 4TH STREET, #314		
CITY-ST-ZIP	MIAMI, FL 33174		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			