04/26/2007 04:21 6312732146 F&M CPA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90464 029 ***150.00

DOCUMENT # P06000075508

1. Entity Name
NEW YORK DISCOUNT CLEANERS, INC.

Principal Place of Business	Mailing Address
4779 COLLINS AVENUE 3506 MIAMI BEACH, FL 33140	4779 COLLINS AVENUE 3506 MIAMI BEACH, FL 33140

04282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
993 NE 135th ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N. MIAMI FL		City & State	
Zip: 33161	Country: MIAMI DADE	Zip	Country

4. FEI Number: 75-3224791 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FUTTERMAN, HOWARD
4779 COLLINS AVENUE
3506
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FUTTERMAN, HOWARD	
STREET ADDRESS	4779 COLLINS AVENUE, #3506	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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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		
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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 an address, with all other like empowered.

SIGNATURE: [signature] HOWARD FUTTERMAN 4/15/07 305 776 5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #