

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90002 019 ***150.00

DOCUMENT # P06000122703

1. Entity Name
TRUE LINEN SERVICES INC.



Principal Place of Business
**12915 SW 42 TERRACE
MIAMI, FL 33175**

Mailing Address
**12915 SW 42 TERRACE
MIAMI, FL 33175**

4010000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

08142007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-5610524

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

**FORNARIS, ANGEL
12915 SW 42 TERRACE
MIAMI, FL 33175**

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
FORNARIS, ANGEL
12915 SW 42 TERRACE
MIAMI, FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-200-3781 8/13/2007

ATTACHMENT
40132261
TRUE LINEN SERVICES, INC.
12915 SW 42 TERRACE
MIAMI, FL 33175

August 13, 2007

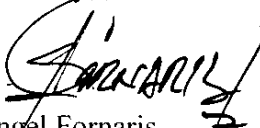
DIVISION OF CORPORATIONS
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE. Doc. # P06000122703

Dear Sir:

Hereby I request, please, that you accept the Renewal of the Annual Report of TRUE LINEN SERVICES, INC., Inc. because I did not receive by mail your notice of Renewal. This is a new business registered on September 2006 and I was unaware of the deadline date.

Sincerely,


Angel Fornaris
President

Check in the amount of \$150.00