## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000125217

Entity Name: VIP ONE PRICE DRY CLEANERS, INC.

445 COVE TOWER DR #904

NAPLES, FL 34110 US

Address:

City-St-Zip:

FILED Jul 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
445 COVE NAPLES, F	TOWER DR# L 34110 U	#904 IS			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
445 COVE NAPLES, F	TOWER DR# L 34110 U	#904 IS			
FEI Number:	00-0885639	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	LAS, LESLIE TOWER DR# IL 34110 U	#904 IS			
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	at receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P/D ( ) TURRUELLAS, 445 COVE TOV NAPLES, FL 3	VER DR #904	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( ) TURRUELLAS, 445 COVE TOV NAPLES, FL 3	VER DR #904	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP/D ( ) TURRUELLAS,	Delete JUAN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LESLIE TURRUELLAS OFFI 07/30/2007