2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006820

Entity Name: ADAM'S DRYCLEANERS, INC.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19850 NW 9TH DRIVE

PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

19850 NW 9TH DRIVE

PEMBROKE PINES, FL 33029

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASAD, HATEM ASAD, ISSA

19850 NW 9TH DRIVE 12767 EQUESTRIAN TRAIL PEMBROKE PINES, FL 33029 US DAVIE, FL 33014 US

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.

SIGNATURE: ISSAD 03/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ASAD, HATEM
 Name:
 ASAD, ADNAN 50% OWN

 Address:
 19850 NW 9TH DRIVE
 Address:
 19850 NW 9TH DRIVE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33029

 $\label{eq:title:def} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

Name: ASAD, AIMAN Name: NETWORK PROPERTY INV, ESTMENTS INC 5 0 % OWNER

Address: 19850 NW 9TH DRIVE Address: 12767 EQUESTRIAN TRAIL

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: DAVIE, FL 33014

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.

SIGNATURE: ISSA ASAD D 03/12/2008

Electronic Signature of Signing Officer or Director

Date