

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90033 007 ***150.00

DOCUMENT # P07000011210	
1. Entity Name MR. CLEANERS OF SOUTH FLORIDA INC.	



Principal Place of Business 8925 SW 148 ST 200 MIAMI, FL 33176	Mailing Address 8925 SW 148 ST 200 MIAMI, FL 33176
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40018970



2. Principal Place of Business - No P.O. Box # 3883 Davis Blvd	3. Mailing Address 3883 Davis Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142008 Chg-P CR2E034 (12/06)

City & State Naples Florida	City & State Naples Florida
Zip 34104	Country Collier
Zip 34104	Country Collier

4. FEI Number 008308335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HABER, DENNIS 8925 SW 148 ST 200 MIAMI, FL 33176	
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7. Name and Address of New Registered Agent	
Name ABY Masoud	
Street Address (P.O. Box Number is Not Acceptable) 17585 Horrostead ave	
City Miami	FL Zip Code 33157

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 *Samy Masoud* DATE 02/06/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSTAFA, QASSAM 8925 SW 148 ST MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3883 Davis Blvd Naples FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: *Samy Masoud* DATE 02/06/08 DAYTIME PHONE # 239 643-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR