## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000099173

Title:

Name:

Address:

City-St-Zip:

DM

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ROGERS, RONALD

MIRAMAR, FL 33029

18619 SW 50TH COURT

Entity Name: 3 KINGS DRY CLEANERS, INC.

FILED Jan 28, 2008 Secretary of State

•		,,			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
18619 SW 50TH COURT MIRAMAR, FL 33029				19672 NW 27TH AVE MIAMI GARDENS, FL 33056	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
18619 SW 50TH COURT MIRAMAR, FL 33029			19672 NW 27TH AVE MIAMI GARDENS, FL 33056		
FEI Number:	: 26-0865428	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MOSS, LLO 18619 SW MIRAMAR,	OYD 50TH COUR , FL 33029	T US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( MOSS, SANTA 18619 SW 50T MIRAMAR, FL	TH COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPTD ( MOSS, LLOYD 18619 SW 50T MIRAMAR, FL	TH COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( MOSS, NATAL 18619 SW 50T MIRAMAR, FL	H COURT	Title: Name: Address: City-St-Zip:	() 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MR. SANTANA MOSS PD 01/28/2008

() Change () Addition