2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107202

Entity Name: USA PILOT CLEANERS INC.

FILED Apr 29, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---------------------------------------------|---------------------------------------------------------------------------------|------------------------|---------------------------------------------|----------------------------------------------|--|
| | ECIL LANE NT LUCIE, FL 34953 | | | | |
| Current Mailing Address: | | | New Mailing Address | s: | |
| | ECIL LANE NT LUCIE, FL 34953 | | | | |
| FEI Number: | 33-1147807 FEI Nun | nber Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of Current R | egistered Agent: | Name and Address o | f New Registered Agent: | |
| 915 SW CI PORT SAII | BE, ELIEZER ECIL LANE NT LUCIE, FL 34953 | US | urpose of changing its registered | d office or registered agent, or both, | |
| | of Florida. | no otatomont for the p | arpood or chariging to registered | a ombo or regional agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electronic Signat | ure of Registered Age | ent | Date | |
| Election Car | npaign Financing Trust Fur | nd Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Delete DESTIN, YVENIE M 915 SW CECIL LANE PORT SAINT LUCIE, FL 3 | 4953 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () Delete DORISCAR, ESTHER 14200 NW 3RD AVE MIAMI, FL 33168 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () Delete ROSEMOND, DANIE M 1260 NE 130 STREET N MIAMI, FL 33161 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T () Delete DESTIN, YVENIE M 915 SW CECIL LANE PORT SAINT LUCIE, FL 3 | 4953 | 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.

SIGNATURE: ELIEZER ARCHANGE RA 04/29/2008