

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000046381

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** UNIFORMS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1203 NW 93 CT  
CORAL, FL 33172

**New Principal Place of Business:**

1203 NW 93 CT  
DORAL, FL 33172

**Current Mailing Address:**

1203 NW 93 CT  
CORAL, FL 33172

**New Mailing Address:**

1203 NW 93 CT  
DORAL, FL 33172

**FEI Number:** 27-2892796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORERA, EDLEEN  
1203 NW 93 CT  
CORAL, FL 33172 US

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

MORERA, EDLEEN  
1203 NW 93 CT  
DORAL, FL 33172 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:** EDLEEN MORERA

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MORERA, EDLEEN  
**Address:** 1203 NW 93 CT  
**City-St-Zip:** DORAL, FL 33172

**Title:** VPD  
**Name:** DE PAZ, MOISES  
**Address:** 1203 NW 93 CT  
**City-St-Zip:** DORAL, FL 33172

I hereby 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 all other like empowered.

**SIGNATURE:** EDLEEN MORERA

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01/13/2011

Electronic Signature of Signing Officer or Director

Date