

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # R92000004074

1. Entity Name
107 DRY CLEANERS, INC.



Principal Place of Business
13111 SW 26TH TERRACE
MIAMI, FL 33175 US

Mailing Address
13111 SW 26TH TERRACE
MIAMI, FL 33175 US



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0381971 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODAS, BERTHA
13111 SW 26TH TERRACE
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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 BERTHA RODAS, DPT & Current Registered Agent. 7/5/2005.
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	RODAS, BERTHA M.
STREET ADDRESS	13111 SW 26TH TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	DVS
NAME	PESANTEZ, ELIZABETH
STREET ADDRESS	16622 SW 90TH ST
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000372187

07/11/05-80021-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE:

Berttha M. Rodas, DPT July 5/2005 (305) 505.7684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #