


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90029 027 \*\*\*150.00

<b>DOCUMENT # P92000011273</b> 1. Entity Name <b>PANCHI DRY CLEANERS, INC.</b>					
Principal Place of Business <b>11630 QUAIL ROOST DRIVE</b> <b>MIAMI, FL 33157 US</b>			Mailing Address <b>11630 QUAIL ROOST DRIVE</b> <b>MIAMI, FL 33157 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0374375</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARROYAVE, FRANCISCO</b> <b>10815 SW 112TH AVE</b> <b>SUITE 111</b> <b>MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent Name <b>Francisco Arroyave</b> Street Address (P.O. Box Number is Not Acceptable) <b>9145 S.W. 179 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33157</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARROYAVE, FRANCISCO</b> <b>9145 S.W. 179 STREET</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARROYAVE, CLAUDIA</b> <b>9145 S.W. 179 STREET</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
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 empowered.					
<b>SIGNATURE:</b> <i>Claudia Garay-Arroyave</i> <b>7/15/08</b> <b>305-378-4444</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					