

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P93000011351**

1. Entity Name  
**L.A. DRYCLEANERS, INC.**



Principal Place of Business  
**5030 CHAMPION BLVD., UNIT F-5  
BOCA RATON, FL 33496 US**

Mailing Address  
**2101 W. COMMERCIAL BLVD  
SUITE 4100  
FT LAUDERDALE, FL 33309**



04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0409881</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FORMAN, ROBERT S  
2101 W COMMERCIAL BLVD  
SUITE 4100  
FT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	KASPAR, ANDERAS
STREET ADDRESS	5030 CHAMPION BLVD., UNIT F-5
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	VM
NAME	RIVERA, HADA
STREET ADDRESS	1107 SW 83RD AVE
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

U00000529691  
05/05/06-80086-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: K. ANDERAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/06 954-647-5022  
Date Daytime Phone #