

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-26-2007 90048 048 ****50.00
04-09-2007 90098 032 ***108.75

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**

40055269



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

01102007 Chg-P CR2E034 (12/06)

Zip Country

Zip Country

4. FEI Number
65-0409881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPAR, ANDERAS		NAME	KASPAR, ANDERES	
STREET ADDRESS	5030 CHAMPION BLVD., UNIT F-5		STREET ADDRESS	5030 CHAMPION BLVD. F-5	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VM	<input type="checkbox"/> Delete	TITLE	VM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, HADA		NAME	Deeren, Hada	
STREET ADDRESS	1107 SW 83RD AVE		STREET ADDRESS	1788 69 ST. N.	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* **754-581-0281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Kaspar Anderes, Director** Daytime Phone #