2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90083 047 ***150.00

DOCUMENT # P93000011351

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

Principal Place of Business	Mailing Address
5030 CHAMPION BLVD., UNIT F-5 BOCA RATON, FL 33496 US	2101 W. COMMERCIAL BLVD SUITE 4100 FT LAUDERDALE, FL 33309

400064...

01032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2101 W Commercial Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite 2800	
City & State		City & State	
		Ft Lauderdale, FL	
Zip	Country	Zip	Country
		33309	US

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: Forman, Robert S Street Address (P.O. Box Number is Not Acceptable): 2101 W Commercial Blvd Suite 2800 City: Ft Lauderdale FL Zip Code: 33309

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] 1/4/08
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, 2008 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	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KASPAR, ANDERES		NAME	
STREET ADDRESS	5030 CHAMPION BLVD., UNIT F-5		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	
TITLE	VM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEEREN, HADA		NAME	
STREET ADDRESS	17888 69 ST. N.		STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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] HADA DEEREN 1/10/08 754-581-__81
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #