

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91836 023 ***150.00

DOCUMENT # *P93000020597*
1. Entity Name
QUALITY CLEANERS OF LAKE MARY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>345 W. LAKE MARY BLVD</i> Suite, Apt. #, etc. <i>UNIT 115</i> City & State <i>LAKE MARY, FL 32746</i> Zip	3. Mailing Address <i>345 W. LAKE MARY BLVD</i> Suite, Apt. #, etc. <i>UNIT 115</i> City & State <i>LAKE MARY, FL 32746</i> Zip
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4. FEF Number <i>59-3154025</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status-Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <i>LLAMA, JOSE</i>
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD LLAMA JOSE 4262 SANDHURST DR, ORLANDO, FL 32817</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *4/28/03* DAYTIME PHONE #

CR2E034B (12/01)