2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000021647

1. Entity Name

A.M.D. CLEANERS, INC.



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

749 NE 167 ST

N MIAMI BEACH, FL 33162

Mailing Address

749 NE 167 ST

N MIAMI BEACH, FL 33162



DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0486105 " Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S 627 71ST ST MIAMI BEACH, FL 33141

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The above named entity submits this statement for the purpose of changing the obligations of registered agent.	ng its registered office or registered agent, or both, in the State of	f Florida. I am familiar with, and accept
	• ,	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE

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

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. DHAYA, AKBERALI NAME STREET ADDRESS 749 NE 167 ST CITY-ST-ZIP N MIAMI BEACH, FL 33162 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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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 addres it, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

7

Daytime Phone #