2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
02-15-2007 90039 038 ***150.00

DOCUMENT # P94000058196

1. Entity Name
UNIVERSITY CLEANERS, INC.

Principal Place of Business	Mailing Address
~~13524 UNIVERSITY PLAZA~~	~~13524 UNIVERSITY PLAZA~~
~~TAMPA, FL 33613~~	~~TAMPA, FL 33613~~

02092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
26327 Sword Dancer Dr.		(Same as left.)	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: Wesley Chapel, FL		City & State	
Zip: 33544	Country	Zip	Country

4. FEI Number: 59-3264205 ☐ 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
KIM, CHONG T.	Name
~~13524 UNIVERSITY PLAZA~~	Street Address (P.O. Box Number is Not Acceptable)
~~TAMPA, FL 33613~~	
26327 Sword Dancer Dr.	
Wesley Chapel, FL 33544	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: Chong T Kim Chong T. Kim 2/12/07
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KIM, CHONG T. 26327 SWORD DANCER DR. WESLEY CHAPEL, FL 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Chong T Kim Chong T. Kim President 2/14/07 813-991-4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #