
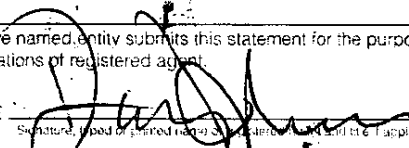
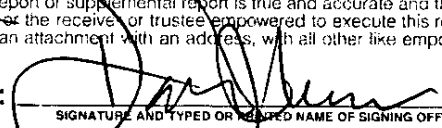


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90011 009 ***150.00

DOCUMENT # P94000065117 1. Entity Name SOUTH MIAMI CLEANERS, INC.		
Principal Place of Business 6840 SW 103T MIAMI FL 33155 US		Mailing Address 5840 SW 103T MIAMI FL 33155 US
2. Principal Place of Business - No P.O. Box # 2700 NW 27 AVE		3. Mailing Address 2700 NW 27 AVE
Suite, Apt. #, etc. 		Suite, Apt. #, etc.
City & State MIAMI FL		City & State MIAMI FL
Zip 33142		Zip 33142
Country 		Country
4. FEI Number 65-0520241		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SERRANO, DAVID 2700 NW 27 AVE MIAMI FL 33142		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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  DATE 4-21-08 <small>(Signature, typed or printed name of officer or director, and title, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SERRANO, DAVID J 2700 NW 27 AVE MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		4-21-08 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #