2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90010 021 ***150.00

DOCUMENT # F94000093101

1. Entity Name

KALED CLEANERS, INC.

DO NOT WRITE IN THIS SPACE

54032280

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9525 S. W. 72 St.		9525 S. W. 72 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami. Fl.		City & State: Miami. Fl.	
Zip: 33173	Country: U.S.A.	Zip: 33173	Country: U.S.A.

4. FEI Number 65-0541792 — Applied / Not Ap

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RODRIGUEZ, EDDY T.

Street Address (P.O. Box Number is Not Acceptable): 9525 S. W. 72 St.

City: Miami. FL Zip Code: 3317?

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 Added to

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, EDDY 13651 S. W. 101 Ln. Miami. Fl.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RODRIGUEZ, KATIA G. 13651 S. W. 101 Ln. Miami. Fl.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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: X [signature] 03-18-04 (305) 271-4409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eddy Rodriguez, President.