## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 08:00 AN Secretary of State

Daytime Phone #

DOCUMENT # P9500001013  1. Entity Name ATLANTIC CLEANERS, INC.						Ş	ecret	ary o	of Sta
Principal Plac		Mailing Address							
1541 S.E. 12TH AVE. Unit 8		1541 S.E. 12TH AVE, UNIT 8							
HOMESTEAD	, FL <sub>.</sub> 33034 US	HOMESTEAD, FL 33034 US				BIEN BIIIN BEIIN BENIL BEN	11 <b>8 8</b> 184 <b>8 8 18</b> 1 11 <b>8</b> 11		16 <b>8</b> 1    1861
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FÉI Number 65-0543				plied For t Applicable
Zip	Country	Zip ,	Country			of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
MARTINEZ, EDUARDO				Name					
15560 SW	295 TERRACE AD, FL 33033			Street Address (	ess (P.O. Box Number is Not Acceptable)				
	,		Ĺ	•					
				City			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its i	registered	d office or register	ed agent, or both	, in the State of Flo	orida. I am fa	niliar with, a	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, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution					.00 May Be ed to Fees				
10.	OFFICERS AND		11.	•	ADDITIONS/C	HANGES TO OFF	ICERS AND D	PECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, EDUARDO L 15560 SW 295 TERRACE HOMESTEAD, FL 33033	Delete	NAME NAME STREE CITY-S	T ADDRESS		90000 92/19/08	0822409 -80065-		Addition
TITLE	VPS	□ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, MAYRA 1541 SE 12 AVENUE HOMESTEAD, FL 33034		NAME STREET CITY-S	T ADDRESS					
TITLE		Delete .	TITLE				[	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		·	NAME STREET CITY-S	T ADDRESS ST - ZIP					i
TITLE NAME		Delete .	TITLE NAME				l	Change	Addition
STREET ADDRESS CITY+ST+ZIP			STREET CITY-S	T ADDRESS ST-ZIP					
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TITLE		☐ Delete	TITLE	5. EN				Change	☐ Addition
NAME			NAME	1			·		
STREET ADDRESS CITY-ST-ZIP			CITY-5						
indicated	ertify that the information supplied with on this report or supplemental report i	n this filling does not qualify for s true and accurate and that m	r the exer ny signatu	mptions contained are shall have the s	i in Chapter 119, same legal effect	Horida Statutes. I as if made under o	further certify bath; that I am	that the in an officer	tormation or director

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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: