

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90086 038 ***150.00

DOCUMENT # P95000007897

1. Entity Name

ACE QUALITY CLEANERS, CORP.



Principal Place of Business

431 E. MICHIGAN ST.
ORLANDO FL 32806

Mailing Address

431 E. MICHIGAN ST.
ORLANDO FL 32806

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

4680 GATTIN OAKS LN

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

Zip

Country

32806

Country

ORANGE

4. FEI Number

59-3296058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

FARAJI, EUGENIA G
431 E. MICHIGAN ST.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FARAJI, EUGENIA G
6475 MAINSAIL CT.
ORLANDO FL 32807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FARAJI, HOSSEIN
6475 MAINSAIL CT.
ORLANDO FL 32807 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2007

407-579-4660

Date

Daytime Phone #