Apr. 12. 2005 11:01AM PREMIER ACCOUNTING & TAX

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90296 007 ***150.00

DOCUMENT # P95000043028

1. Entity Name
METRO CLEANERS ST. CLOUD, INC.

Principal Place of Business	Mailing Address
4077 13TH STREET SUITE 6 ST. CLOUD, FL 34769 US	1220 E VINE ST KISSIMMEE, FL 34744 US

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4411, 13th STREET	
Suite, Apt. #, etc.: ~~ST. 6~~	Suite, Apt. #, etc.
City & State: ST. CLOUD, FL.	City & State
Zip: 34769 County: OSCEOLA	Zip Country

4. FEI Number 59-3317698 ☐ 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
PATEL MINESH M 1220 E VINE ST KISSIMMEE, FL 34744	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] MINESH PATEL 4/11/05
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, 2005 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	D PATEL, MINESH 1220 E VINE ST KISSIMMEE, FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/11/05 407 944 1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #