

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90177 020 ***150.00

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1. Entity Name
STERLING DRY CLEANING SERVICES, INC.



Principal Place of Business
**5971 S UNIVERSITY DR
DAVIE, FL 33328 US**

Mailing Address
**8982 TAFT STREET
PEMBROKE PINES, FL 33024**

400601



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0602876

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LANIA, JOSEPH S
8982 TAFT STREET
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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

**FLORIDA DEPT OF STATE
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TREVISANO, ROXANNE
STREET ADDRESS	8982 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	VP
NAME	TREVISANO, WILLIAM
STREET ADDRESS	8982 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **W.P.** **02/17/2006** **(954) 680-0405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM TREVISANO, V.P.