FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
11 MAY -4 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077029

1. Entity Name
INCENTIVE CLEANERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18400 NW 2nd Ave	
Suite, Apt. #, etc.: BAY 3	Suite, Apt. #, etc.: SAME
City, State: Miami FL	City, State
Zip: 33169 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650804105 ☐ Applied For ☐ Not Applicable

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: ALMAN, Michael

Street Address (P.O. Box Number is Not Acceptable): 2450 Hollywood Blvd, Suite 401

City: Hollywood FL Zip Code: 33020

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 _____ DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES Davis Pauline 19600 NE 1st Place Miami FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 5/5/11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900207210999 05/04/11--01046--004 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Davis Pauline DAVIS 4/29/11 3056518577

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