2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

Daylime Phone #

DOCUMENT # P99000098115 1. Entity Name K & S DRY CLEANERS, INC.					04-11-2008 90054 037 ***150.00			
Principal Place of Business		Mailing Address			,			
		2401 BISCAYNE BLVD MIAMI, FL 33137						
				•		18112 18111, 80111 88111 8811	 	
Principal Place of Business - No P.O. Box # 3. Mailing Address			. ^-					
310		Suite, Apt. #, etc.	* 3.04.04. <u>7. </u>					
		•			01292008	Chg-P	CR2E034 (12/06)	
Italiandale, 7		City & State Hullandely FC		4. FEI Numbe 65-095		⊢	pplied For lot Applicable	
Zip Country		Zip Country				of Status Desired	□ \$8.75 Ac	Iditional
35009 USA 35009 6. Name and Address of Current Registered Agent			<u> 024</u>				Fee Requir	ed
Name Kanaharaka Ada K								
KOSHO, KATTY S 2401 BISCAYNE BLVD				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL		151	513 Soll, and Ave					
			City			· .	Zin Co	
				allander FL Zip Code 35009				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Suleiman H. Kusho.								
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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME	D KOSHO, KATTY S	☐ Delete	TITLE NAME			Λ	Change	☐ Addition
STREET ADDRESS	2401 BISCAYNE BLVD		STREET ADDRESS	1513	s.w.	and Are		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	Hu	Mandal	· Fu y	2007	
TITLE NAME	KOSHO, SULEIMAN H	☐ Delete	TITLE NAME			· . A a	Change	☐ Addition
STREET ADDRESS	2401 BISCAYNE BLVD		STREET ADDRESS	513	5. W. J		- •	
CITY-ST-ZIP	MIAMI, FL 33137	☐ Delete	CITY-ST-ZIP TITLE	171	Marda	le, 196 3	2009 ☐ Change	☐ Addition
NAME		Delete	NAME				Change	L. Addition
STREET ADDRESS CITY-ST-ZIP			STREE! ADDRESS CITY - ST-ZIP					
TITLE		Delete	TITLE				☐ Change	Addition
NAME		•	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					İ
TITLE		☐ Delete	TITLE		.,,		☐ Change	Addition
NAME Street address		i	NAME STREET ADDRESS					Ì
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	.				
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 respons is tile 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 truther emotowared 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 left other like empowered.								