2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 28, 2005 08:00 AM DOCUMENT # 541163 **Secretary of State** 1. Entity Name MILLER DRIVE DRY CLEANERS & LAUNDRY, INC. Mailing Address Principal Place of Business 6725 SW 56TH ST MIAMI FL 33155 US 6725 SW 56TH ST MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0254533 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, RENE A 14640 SW 51ST STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 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 primited name of registered agent and title it applicable (NOTE Registered Agent agreature required when reinstalling) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE GONZALE, ELSA A NAME NAME 14640 SW 51ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change Delete TITLE TITLE U00000337836 GONZALEZ, RENE A NEME 04/28/05-80013-008 150.00 14640 SW 51ST STREET STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY 51-ZIP MIAMI FL 33175 TITLE Change Addition Delete TITLE MAME MANS STREET ADDRESS STREET ADDRESS CLIY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition -Delete TITLE NAME NAME STREET ADDRESS SURFEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addilli Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CHY-ST ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 changed, or on an attachment with an address, with all other like empowered

FILED