


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90020 028 ***150.00

DOCUMENT # S62221			
1. Entity Name SWAN CLEANERS, INC.			
Principal Place of Business 7025 BERACASSA WAY SUITE 108 BOCA RATON FL 33433		Mailing Address 7025 BERACASSA WAY SUITE 108 BOCA RATON FL 33433	
2. Principal Place of Business - No P.O. Box # 7025 BERACASSA WAY		3. Mailing Address	
Suite, Apt. #, etc. # 108		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State	
Zip 33433	Country Palm Beach	Zip	Country
6. Name and Address of Current Registered Agent BULSARA, JAYANTI H. 7025 BERACASSA WAY SUITE 108 BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name BULSARA JAYANTI Street Address (P.O. Box Number is Not Acceptable) 7025 BERACASSA WAY Suite 108 City BOCA RATON FL Zip Code 33433	
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 <u>Jayanti Bulsara</u> President <u>2/14/08</u> 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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete BULSARA, JAYANTI H. 7025 BERACASSA WAYS-108 BOCA RATON FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BULSARA, PURNIMA J. 7025 BERACASSA WAYS-108 BOCA RATON FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Jayanti Bulsara</u> PRESIDENT <u>2/14/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



1st MOORE CR2E034 (10/07)

4. FEI Number **65-0268085** Applied For ☐ Not Applicable ☐

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