2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AN
Secretary of State

DOCUMENT # V10751 1. Entity Name K.M.L. CLEANERS, INC.			
Principal Place of Business	Mailing Address		
8544 GUNN HWY ODESSA, FL 33556 US	8544 GUNN HWY ODESSA, FL 33556	US	

01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3112773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ALOMAR, JOSE E. DO NOT WRITE 8544 GUNN HWY ODESSA, FL 33556 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550,00 Added to Fees 01/20/05-80042-003-150.AA 10, OFFICERS AND DIRECTORS TITLE NAME ALOMAR, JOSE E. STREET ADDRESS 11814 SPANISH LAKE DR. CITY+ST-ZIP TAMPA, FL TITLE NAME ALOMAR, CRUZ E. STREET ADDRESS 11814 SPANISH LAKE DR. CITY-ST-ZIP TAMPA, FL TULE ALOMAR, KARINA E. NAME STREET ADDRESS 11814 SPANISH LAKE DR. DO NOT WRITE CITY-ST-ZIP TAMPA, FL HTLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

SIGNATURE AND TYPEU OF PRINT OF MAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

813-426-433Z
