
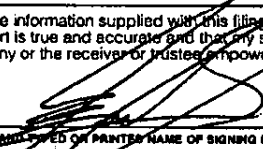


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90132 018 ****50.00

DOCUMENT # L03000013642			
1. Entity Name PARIS CLEANERS OF BAYSIDE, LLC			
Principal Place of Business 2920-2922 CORAL WAY MIAMI, FL 33145		Mailing Address 2920-2922 CORAL WAY MIAMI, FL 33145	
2. Principal Place of Business 1717 N. BAYSHORE DRIVE Suite, Apt. #, etc. # 125		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33132	Country DADE	Zip	Country
6. Name and Address of Current Registered Agent LAMCHICK, BRUCE 9130 S. DADELAND BLVD., STE. 1101 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
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
		MUWIR AHMED 2054 S.W. 117th Terrace MIAMI, FL 33186	HGRM
		MOHAMMAD S. ABID 11825 S.W. 119th Place Rd MIAMI, FL 33186	HGRM
		JAMIL AHMED 10520 S.W. 116th Avenue MIAMI, FL 33186	HGRM
		ALAMGIR BASHIR 15739 S.W. 102nd Street MIAMI, FL 33196	HGRM
		MUHAMMAD S. GADDA 10234 S.W. 139th Place MIAMI, FL 33186	HGRM
		IRFAW ABID 11825 SW 119th Place Rd MIAMI, FL 33186	HGRM
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		IRFAW ABID	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		4-29-04	
		305-446-3013	
		Daytime Phone #	

34007278



04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2346360 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required