2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90060 004 ***150.00

DOCUMENT # P03000031993

1. Entity Name

KENDALL CLEANERS, CORP.

Principal Place of Business	Mailing Address
12861 NORTH KENDALL DRIVE, MIAMI, FLO SUITE 12 MIAMI FL 33186	5005 COLLINS AVENUE APT. # 1222 MIAMI BEACH FL 33140

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
11242 S.W 137th AVE	5005 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1222
City & State: Miami, FLORIDA	City & State: Miami BEACH, FLORIDA
Zip: 33186 Country: U.S.A	Zip: 33140 Country: U.S.A

4. FEI Number: 200138569 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEUSPIEL, YOSSEF 5005 COLLINS AVENUE APT. #1222 MIAMI BEACH FL 33140	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: Neuspiel Yossef — Yossef Neuspiel-President — 04/18/2004
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P NEUSPIEL, YOSSEF 5005 COLLINS AVENUE, APT. 1222 MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BUSH, KAREN J 5005 COLLINS AVENUE, APT. 1222 MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Neuspiel Yossef — Yossef Neuspiel-Pres — 04/18/2004 — 305-387-4586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #