2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400009768

1. Entity Name

ABC DRY CLEANERS, INC.

OO WE 18

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90245 029 ***150.00

						- WE					
Principal Place of Business 7919 PINES BLVD. PEMBROKE PINES FL 33024			7919 i	Mailing Address 7919 PINES BLVD. PEMBROKE PINES FL 33024							
2. Principal Place of Business				3. Mailing Address				16811083 117 1811 81311 13 111 881		 	[1181 1811 1881)
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State			4.	. FEI Number 65-0470929		——	pplied For ot Applicable	
Zìp	Country Zip				Country			. Certificate of Status Desired		8.75 Add	
	6. Name	and Address of Curre	ent Registere	d Agent			7.	Name and Address of New R	egistered Aç	ent	-
GARMAN, GUY 2840 N. STATE ROAD 7 HOLLYWOOD FL 33021						Name Street Address (P.O. Box Number is Not Acceptable)					
HOLLIWO	70D FL 330	12.1	. `						FL	Zip Code	e
	named entitions of regist		nt for the purpo	ose of changing its	registere	Led office or req	gistered a	agent, or both, in the State of Flo		niliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered as	gent and title if appli	icable. (NOTE	: Registered	d Agent signature re	equired wher	n reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fin Trust Fund Contribution			00 May Be d to Fees
10.		OFFICERS A	ND DIRECTOR		11.			LADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11
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indicated	on this repor	: imormation supplied \ t or supplemental repo	with this tiling (rt is true and a	uces not quality for accurate and that m	ne exer v signat	nption stated ure shall have	the same	n 119.07(3)(i), Florida Statutes. I e legal effect as if made under o	iuriner certify	y inai t⊓e ir Lan officer	or director

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:

SIGN/// SIGNATURE AND TO PER OR DIRECTOR

4-21-03

(914) 963-2244

Daytime Phone #