2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 20, 2004 08:00 AM Secretary of State **DOCUMENT # 854941** 1. Entity Name GAY MORE CLEANERS, INC. Principal Place of Business Mailing Address 1330 N.E. 4TH AVENUE FORT LAUDERDALE FL 33304 1330 N.E. 4TH AVENUE FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2239311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired__ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRAUCH, GARY 1330 N.E. 4TH AVE. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33304 City 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 Signature Typed or printed name of registored agent and talle if applicable (NOTE, Registered Agent signature regulred when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD TITLE Change Addition TITLE Delete STRAUCH, GARY U00000059636 02/23/04-80006-025 158.75 NAME NAME STREET ADDRESS 10775 MAPLE CHASE DR STREET ADDRESS CITY -ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE VPT Delete TIFLE ☐ Change ☐ Addition STRAUCH, DENISE NAME NAME STREET ADDRESS 10775 MAPLE CHASE DRIVE STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STRAUCH, DENISE NAME STREET ACORESS STREET ADDRESS 10775 MAPLE CHASE DR CITY - ST- ZIP CITY-ST-ZIP BOCA RATON FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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

- President of Cor. Feb 18,2004 763-4874

FILED