2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2005 08:00 AM **DOCUMENT # 854941 Secretary of State** 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. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2239311 Not Applicable Ζip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRAUCH, GARY Street Address (P.O. Box Number is Not Acceptable) 1330 N.E. 4TH AVE. FT. LAUDERDALE FL 33304 Zip Code FL 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 register ed agent SIGNATURE (NCTE Registered Agent signature required when re-instating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 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 OFFICERS AND DIRECTORS 10. 11. Addition Change PD TITLE TITLE ☐ Delete U00000260141 STRAUCH, GARY NAME NAME 03/12/05-80012-025 158.75 10775 MAPLE CHASE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition TITLE **VPT** Delete TITLE STRAUCH, DENISE NAME NAME STREET ADDRESS 10775 MAPLE CHASE DRIVE STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY ST-ZIP ☐ Change Addition Delete ппе THE NAME STRAUCH, DENISE STREET ADDRESS STREET ADDRESS 10775 MAPLE CHASE DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIE CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-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 employered 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:

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954) 16 5- 40 1 Daytme Phone #

FILED