2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # G08682 04-30-2004 90326 023 ***150.00 L'ARCOBALENO CLEANERS CORP. Principal Place of Business Mailing Address 2701 SW 37 AVE 2100 CORAL WAY MIAMI, FL 33133 MIAMI, FL 33145 03042004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2241860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SERRANO, ESMERALDA DO NOT WRITE 2791 SOUTHWEST 32ND AVENUE MIAMI, FL 33133 IN THIS SPACE 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. 4-28-04 Signature, typed or printed name of reistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SERRANO, ESMERALDA NAME STREET ADDRESS 2791 SW 32 AVE. CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP ΪΠΙΕ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(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.

ED NAME OF SIGHING OFFICER OR DIRECTOR