2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K47264

1. Entity Name ROYAL PALM CLEANERS, INC.

Principal Place of Business

% SAMIR HANNA 1127 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411

Mailing Address

% SAMIR HANNA 1127 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411

FILED May 05, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0098326

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANNA, SAMIR 1127 ROYAL PALM BEACH BLVD

DO NOT WRITE

NOIALFA	12.00 DECH, FE 334+1	-		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 em familiar with, and accept the obligations of registered agent.						
SKGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	U00000156954 05/05/04-80093-004 150,00	
10.	ÖFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HANNA, SAMIR 1131 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411		-			
NAME STREET ADDRESS GHY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THEE NAME SIREET ADDRESS CITY-SI-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Horida Statutes. Littler 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: OF SIGNING OFFICER OR DIRECTOR