2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State
05-09-2006 90072 017 ***150.00

S/

DOCUMENT # L15695

1. Entity Name
BRITE CLEANERS AND ALTERATIONS, INC.

66018540

Principal Place of Business	Mailing Address
18151 NE 19 AVE. NORTH MIAMI BEACH, FL 33162 US	18151 NE 19 AVE. NORTH MIAMI BEACH, FL 33162 US

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0148659
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEARSON, PAULINE
18151 NE 19TH AVENUE
N. MIAMI BEACH, FL 33162

DO NOT WRITE 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEARSON, PAULINE
STREET ADDRESS	18151 NE 19TH AVE.
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pauline Dearson 6/12/06 (305) 949-7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 660189940 #L15195

Copy B To Be Filed With Employee's Federal Tax Return — 2005 OMB No. 1545-0008

a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld
1	24725.00	3009.68
b Employer ID number	3 Social security wages	4 Social security tax withheld
65-0148659	24725.00	1532.95
	5 Medicare wages and tips	6 Medicare tax withheld
	24725.00	358.51

c Employer's name, address, and ZIP code

BRITE CLEANERS & ALTERATIONS, INC.
18151 NE 19TH AVENUE
NORTH MIAMI BEACH FL 33162-1605

d Employee's social security number
261-13-5277

e Employee's name, address, and ZIP code

PAULETTE DEARSON

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Empl.'s state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury – IRS
This information is being furnished to the Internal Revenue Service.
DAA

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return — 2005 OMB No. 1545-0008

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Form W-2 Wage and Tax Statement — Dept. of the Treasury – IRS
DAA

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORD (See Notice to Employee.) — 2005 OMB No. 1545-0008

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FORM 5209