


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90002 003 \*\*\*158.75

**DOCUMENT # P0000001210**  
 1. Entity Name  
**THE ONE AND ONLY CLEANERS, INC.**




Principal Place of Business Mailing Address  
**9558 S.W. 160 STREET** **9558 S.W. 160 STREET**  
**MIAMI FL 33157** **MIAMI FL 33157**

2. Principal Place of Business **same** 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0980117** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NIEVES, YALORDE**  
**14235 SW 294TH STREET**  
**MIAMI FL 33033**

7. Name and Address of New Registered Agent  
 Name  
~~MARITZA BRACHO~~  
 Street Address (P.O. Box Number is Not Acceptable)  
~~14235 S.W. 294th Street~~  
 City **Miami** **FL** Zip Code **33033**

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 *Maritza Bracho* DATE *6-24-05*  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRACHO, MARITZA 9558 S.W. 160 STREET MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRACHO, ROBERTO 9558 S.W. 160 STREET MIAMI FL 33157 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NIEVES, YALORDE 9558 S.W. 160 STREET MIAMI FL 33157 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Maritza Bracho 14235 SW 294th Street, Miami, FL. 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Maritza Bracho 14235 SW 294th Street, Miami, FL. 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Maritza Bracho* **Maritza Bracho** DATE *6-24-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50054040  
ATTACHMENT

THE ONE AND ONLY CLEANERS, INC.  
9558 S.W. 160TH STREET  
MIAMI, FLORIDA 33157  
PHONE: 305-255-8313

JUNE 24, 2005

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL. 32314

Subject: Document #P00000001210  
FEI Number 65-0980117

Gentlemen:

I am herewith enclosing the 2005 For Profit Corporation Annual Report duly filled and signed.

Please be advised the original never arrived at our location. Telephone calls and email to finally receive this form to fill it out. I would like to be able to make a payment only of \$158.75...



Maritza Brachao  
14235 SW 294th Street  
Miami, FL. 33033