## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # P00000003360** 1. Entity Name BJ'S CLEANING, INC. Principal Place of Business Mailing Address 2341 NW 15 STREETE 2341 NW 15 STREETE MIAMI, FL 33125 MIAMI, FL 33125 04262004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0972469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, JOSUE DO NOT WRITE 2341 NW 15 STREET MIAMI, FL 33125 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 Signature, typed or printed name of regulared against and title if applicable (NOTE: Registered Agent regnature required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be U00000141474 FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/30/04-80012-003 150.00 OFFICERS AND DIRECTORS 10. TITLE LOPES, JOSUE NAME STREET ADDRESS 2341 NW 15 STREET MIAMI, FL 33125 CITY-ST-71P TITLE NAME STREET ADDRESS CITY ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS City-St-ZIP TETTI F 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 oals, that I am an officer or director of the corporation or the receiver of 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**