

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90246 046 ***158.75

DOCUMENT # P00000015718

1. Entity Name
BAY HARBOR TAILOR CLEANERS & ALTERATIONS, INC.



Principal Place of Business
1063-95TH STREET
BAY HARBOR ISLANDS, FL 33154

Mailing Address
1063-95TH STREET
BAY HARBOR ISLANDS, FL 33154

94075255



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3637911

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, HILDA
1063-95TH STREET
BAY HARBOR ISLANDS, FL 33154

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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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAHAM, HILDA
STREET ADDRESS 17110 NE 6TH COURT
CITY-ST-ZIP MIAMI, FL 33162

TITLE VPTD
NAME GRAHAM, CLIFFORD
STREET ADDRESS 17110 NE 6TH COURT
CITY-ST-ZIP MIAMI, FL 33162

TITLE SD
NAME GRAHAM, DIONNE
STREET ADDRESS 17110 NE 6TH COURT
CITY-ST-ZIP MIAMI, FL 33162

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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IN THIS SPACE**

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: *Hilda Graham P/S*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #