## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCU	IME	NT	#	P00	000	00	12274	11
------	-----	----	---	-----	-----	----	-------	----

1. Entity Name

THE BEST & GREATEST DRY CLEANING II, INC.



Principal Place of Business

C/O PRIVATE TAX SERVICES, INC 11995 EL CAMINO REAL #303 SAN DIEGO, CA 92130 Mailing Address

C/O PRIVATE TAX SERVICES, INC 11995 EL CAMINO REAL #303 SAN DIEGO, CA 92130



02132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0991443 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLNICK, HERBERT H ESQUIRE 9734 W. SAMPLE STREET CORAL SPRINGS, FL 33065

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registerod agent and title it	I applicable (NOTE Basistered &	nont sizuature	required when rainstaling)	DATE		
	The state of the s	the transfer of the transfer o	Terri al Briotorio	reduied wien constituty	1		
FILE ROSSIII FEE 13 3 100.00		<ol> <li>Election Campaign Financin Trust Fund Contribution.</li> </ol>	g 🗖	\$5.00 May Be Added to Fees	U00000073937 03/02/04-80057-013 150.00		
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHWARTZ, LOUIS 4959 KALAMIS WAY OCEANSIDE, CA 92056						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corrections of the	certify that the Information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with a	ing does not qualify for the exemp not accurate and that my signature to execute this report as required other like empowered.	tion stated shall hav by Chapt	d in Section 119.07(3) te the same legal effecter ter 607, Florida Statute	(I), Florida Statutes 1 further certify that the information at as if made under oath; that I am an officer or directores, and that my name appears in Block 10 or Block 11 if		

B DIRECTOR