

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 06, 2004 8:00 am
Secretary of State**

05-06-2004 90159 026 ***150.00

DOCUMENT # 1. Entity Name	P00000041415	
BERNIE'S CLEANERS, INC		

DO NOT WRITE IN THIS SPACE

54052625

2. Principal Place of Business 7600 W. CAMINO REAL SUITE 100	3. Mailing Address 7600 W. CAMINO REAL SUITE 100
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-1003161	Applied For Not Applicable
Zip 33433	Country PALM BEACH	Zip 33433	Country PALM BEACH

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	AUDET, BERNARD
Street Address (P.O. Box Number is Not Acceptable)	7600 W. CAMINO REAL, #100
City	BOCA RATON, FL 33433

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D AUDET, BERNARD 7600 CAMINO REAL, #100 BOCA RATON, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AUDET, CATIA 7600 CAMINO REAL, #100 BOCA RATON, FL 33309
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *  * 4/30/04 * 8613387843

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034B (12/02)