

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90027 002 ***150.00

DOCUMENT # P01000030481

1. Entity Name

CROWN DRY CLEANERS OF BOCA, INC.



Principal Place of Business

20423 SR 4, #F14
BOCA RATON FL 33498

Mailing Address

10190 AQUA VISTA WAY
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

8394 Sawpine Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

Country

33446

Country

USA

4. FEI Number

65-1086748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTECHIARI, CARLOS A
10190 AQUA VISTA WAY
BOCA RATON FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

8394 Sawpine Rd

City

Delray Beach

FL

Zip Code

33446

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

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME MONTECHIARI, CARLOS A
STREET ADDRESS 10190 AQUA VISTA WAY
CITY-ST-ZIP BOCA RATON FL 33428

☒ Change ☐ Addition
TITLE
NAME 8394 Sawpine Rd
STREET ADDRESS Delray Beach FL 33446
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #