


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90353 045 ***150.00

DOCUMENT # P01000056381

1. Entity Name
SAN JUAN CLEANERS, INC.



Principal Place of Business Mailing Address

**2016 CASSAT AVE.
 JACKSONVILLE FL 32210** **2016 CASSAT AVE.
 JACKSONVILLE FL 32210**

2. Principal Place of Business 3. Mailing Address

4520-2 SAN JUAN AVE. **4520-2 SAN JUAN AVE.**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jacksonville, FL **Jacksonville, FL**

Zip Country Zip Country

32210 **USA** **32210** **USA**



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-3724381 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAU, JUAN G
 2016 CASSAT AVE.
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name **GRAU, JUAN G.**

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

4520-2 SAN JUAN AVE.

City State Zip Code

Jacksonville, FL 32210 FL 32210

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 **Juan Grau (President)** DATE **4/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GRAU, JUAN G	2016 CASSAT AVE.	JACKSONVILLE FL 32210	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GRAU, JUAN G.	4520 SAN JUAN AVE #2	JACKSONVILLE, FL 32210	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Juan Grau (Pres)** Date **4/24/04** Daytime Phone # **904/981-9994**

Signature and typed or printed name of signing officer or director