2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000020536

1. Entity Name
DRYCLEANERS WORLD, INC.

Principal Place of Business	Mailing Address
13455 W. DIXIE HWY NORTH MIAMI, FL 33161	13455 W. DIXIE HWY NORTH MIAMI, FL 33161

000000148615
05/03/04-80154-007 150.00

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P OR2E034 (10/03)

4. FEI Number
02-0565724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

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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 _____ DATE
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

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LIPTON, DONNA
STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE #1911
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	S
NAME	LIPTON, ROSS
STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE #1911
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____ 4/28/04 305 751-0421
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #