


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000037893 1. Entity Name PAUL'S DRYCLEANING, INC.	
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Principal Place of Business 3610 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309	Mailing Address % STEVEN KRAFT P.A. 766 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  KIM, PAUL 3610 N. ANDREWS AVE OAKLAND PARK, FL 33309	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000113363 04/15/04-800006-014 150.00
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10. OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY ST ZIP	PSTD KIM, PAUL 3610 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309
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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: Paul Kim 4/3/04 954-566-3047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #