


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90189 007 ***150.00

DOCUMENT # P02000037893	
1. Entity Name PAUL'S DRYCLEANING, INC.	

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 40 S. KRAFT PA Suite, Apt. #, etc. 934 N. UNIVERSITY DR #250
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071	Country USA

50048594



03032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KIM, PAUL 3610 N. ANDREWS AVE OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIM, PAUL 3610 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** 4/15/05 954-5663047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #