2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| ANNUAL REPORT (AR) | | | | | FILED | | |
|--|---|--|---|---|---|--|---------------------------------|
| DOCUMENT # P02000049759 1. Entity Name | | | | | | 2004 08:00 tary of Sta | |
| SSS OF AMERICA DRY CLEANERS, INC. | | | 1 | | | tary or sta | |
| | | | | | | | |
| Principal Place of Business | | Mailing Address | • | | | | |
| 3980 W 12 AVE HIALEAH FL 33012 | | 3980 W 12 AVE HIALEAH FL 33012 | 3980 W 12 AVE HIALEAH FL 33012 | | | | |
| | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | MOORE CR2E034 (11/03) | | |
| City & State | | City & State | City & State | | 4. FEI Number 32-1430566 | · | oplied For ot Applicable |
| Zip Country | | Zip | Country | | 5. Certificate of Status Desired | □ \$8.75 Add Fee Require | |
| | 6. Name and Address of Curr | ent Registered Agent | J | | 7. Name and Address of New Re | | |
| | | | | Name | | | |
| ALVAREZ, ROLANDO 13856 SW 56 ST | | | . | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIA | MI FL 33175 | | ŀ | | | | |
| | | | <u></u> | City | | FL Zip Cod | e |
| 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | | and accept |
| | tions of registered agent. | | · | Ū | • | | |
| SIGNATURE | | | | | | | |
| | | Gost sino une a applicable. (NO) | C registered: | rige it 3% atme reducer | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | | | 9. Election Campalgh Fina Trust Fund Contribution | | 00 May Be |
| Make Check Payable to Florida Department of State | | | | | | | |
| 10. | | | 11. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTOR Change | S IN 11 |
| TITLE NAME | ALVAREZ, ROLANDO | ☐ Delete | NAME | | U0 000 00 | - | |
| STREET ADDRESS | 3980 W 12 AVE | | | T ADDRESS | 02/26/04-8 | 0036-022 150. | ÖÜ |
| CITY-ST-ZIP | HIALEAH FL 33012 | | CITY+S | ST - Z(P | | Change | ☐ Addition |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | briange | [_] Addition |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | ☐ Delete | TITLE | 51- ZIP | | Change | Addition |
| TITLE NAME | | Detete | NAME | | | Change | |
| STREET ADDRESS | | | STREE GITY-S | T ADDRESS | | | |
| CITY-ST-ZIP | | ☐ Delete | TITLE | 51-219 | | ☐ Change | Addition |
| NAME | | L Delete | NAME | | | silango | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| City-St-ZIP | | ☐ Delete | CITY-S TITLE | S1-ZIP | | ☐ Change | Addition |
| NAME | | □ traicie | NAME | | | | |
| STREET ADDRESS | • | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | CITY | SI-ZIP | | ☐ Change | ☐ Addition |
| NAME | | ☐ Delete | TITLE NAME | | | [Onlings | Austroit |
| STREET ADDRESS | | | 1 | T ADDRESS | | | |
| CITY-ST-ZIP | | 10 Mal 200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | CITY- | | | & orthonormal and a state of the | information |
| 12. Thereby indicated | certify that the information supplied on this report or supplemental report or supplemental reports of the receiver of the section of the sec | Livin this tiling does not qualify for ort is true and accurate and that is empowered to execute this report | or the exem my signatt t as receive | npilon stated in Se are shall have the ad by Chapter 60 | squori 119.07(3)(I), Florida Statules. I same legal effect as if made under o 7. Florida Statutes, and that my name | outrier certify that the to bath; that I am an officer e appears in Block 10 c | r or director or Block 11 if |
| 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 frustee 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. | | | | | | | |

Date

Daytime Phone #