

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000065756

1. Entity Name

RIVERSIDE DRY CLEANER INC.



Principal Place of Business

1650 MARGARET STREET  
SUITE 3  
JACKSONVILLE, FL 32204

Mailing Address

1650 MARGARET STREET  
SUITE 3  
JACKSONVILLE, FL 32204



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number

04-3695253

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KWAK, DOHEE  
1650 MARGARET STREET  
SUITE 3  
JACKSONVILLE, FL 32204

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KWAK, DOHEE  
STREET ADDRESS 13769 SHADY WOODS STREET NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VP  
NAME KWAK, JIN H  
STREET ADDRESS 13769 SHADY WOODS ST N  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000412963  
02/10/06-80069-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jin Hee Kwak* 1/27/06 904) 482-2561