2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed for on an attachment with an address, with an other was enquived as SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON OFFICER

Apr 21, 2004 08:00 AM Secretary of State

1. Entity Nam GLADES	CLEANERS, INC.				.•		Maria Fr	
Principal Plac 1874 N YOU HOLLYWOOD	NG CIR							
	O NOT WRITE	CE	04072004	No Chg-P	CR2E034 (*	14 15112 A(115A) 11		
		o předská předsta 1 – Ludina se s 1 – Předská se sa s	20-009 5. Certificate	1100 of Status Desired	\$8.°	Not App 75 Additions		
	A STATE OF THE STA		hapara araba ara	By Consider	O COLLEGE DESCRI	Fee:	Required	
6. Name and Address of Current Registered Agent FINVARB, ROBERT I 1065 KANE CONCOURSE STE 201 BAY HARBOR ISLANDS, FL 33154				IN 7	NOT W THIS SP	ACE		
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or bo	th in the State of Flo	rida. I am famili	ar with, and a	accept
sne obligat	ions of registered agent.							_
	Видивали, курят от развис, святи об педебили ведети изи. С	the it expoles to the CVOTE. Regulations	u Agent uigruume reccirec	access sensitions (5)		DATE	-	
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees	UI 04/22	100001231 1704-800	321 11-021	150 - 00
10,	OFFICERS AND DIR	ECTORS	I		mental market (milita)	961213956		Laffrair Kala
NAME STREET ADDRESS CITY-ST-ZIP TILE	D FINVARB, ROBERT I 1874 N YOUNG CIR HOLLTWOOD, FL 33020				dajuras eriografia			
NAME STREET ADDRESS CITY-ST-ZIP			s p noud strong		The second secon	The state of the s	. Ay or Arraes or males ormer scame or solve on Limital Color to the or solve objects or solve on or solve or solve or solve or	a omeny my a umbora wood a diddo elyfeo a adama a boo a booda fa
rite Name Street adoress City - St-Zip				DO	NOT W	RITE	mantan ta in menuncia gang Jawasa Milia Tanggap pang	C. Chim
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DITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby of indicated of the corp	ertify that the information supplied with this on this report or supplemental report is trui poration or the receiver or trustee empower	filing does not qualify for the exe e and accurate and that my signa ed to execute this report as requi all other fige empowered	mption stated in Sector shall have the street by Chapter 607	ction 119 07(3)(ame legal effec , Florida Statute), Florida Statutes 1 I as if made under o s, and that my name	further certify the	at the information officer or dis	ation ector k 11 if