
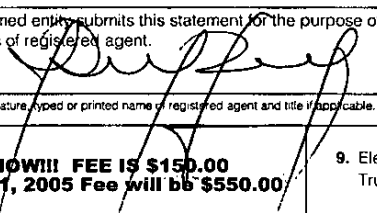
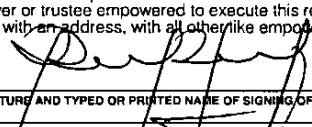


FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90077 002 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000084661 1. Entity Name LAVOFLUX DRY CLEANING, CORP.					
Principal Place of Business 5141 NW 114 CT MIAMI, FL 33178			Mailing Address 9600 NW 25TH ST MIAMI, FL		
2. Principal Place of Business 3655 NW 107 AVE Suite, Apt. #, etc. Suite #108			3. Mailing Address 3655 NW 107 AVE Suite, Apt. #, etc. Suite #108		
City & State Miami Florida		City & State Miami FL		4. FEI Number 20-0130241	
Zip 33178		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RUIZ, ANGELA A 5141 NW 114TH CT DORAL, FL 33178			7. Name and Address of New Registered Agent Name Argenis J Contreras Street Address (P.O. Box Number is Not Acceptable) 3655 NW 107 AVE #108 City Miami FL Zip Code 33178		
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  Argenis J. Contreras <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RUIZ, ANGELA A STREET ADDRESS 5141 NW 114TH CT CITY-ST-ZIP DORAL, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE P. NAME Argenis J. Contreras STREET ADDRESS 3655 NW 107 AVE #108 CITY-ST-ZIP Miami FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VP NAME Ileana Gottenberg STREET ADDRESS 3655 NW 107 AVE #108 CITY-ST-ZIP Miami FL 33178	<input type="checkbox"/> Change <input checked="" 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	
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	
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	
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: 			Argenis J. Contreras, Pres. 1/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #</small>		

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