FILED
May 10, 2004 8:00 am
Secretary of State
04-19-2004 90720 047 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

66420362

MOORE CR2E034 (11/03)

DOCUMENT # P03000123836

1. Entity Name

K.B. ALTERATIONS & CLEANERS CORP.

Principal Place of Business	Mailing Address
27828 SW 127TH AVE. HOME STEAD FL 33032	27828 SW 127TH AVE. HOME STEAD FL 33032

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-3136084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOODOO, JAMES 10501 SW 166TH ST. MIAMI FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOODOO, JAMES	NAME	James Boodoo
STREET ADDRESS	27828 SW 127TH AVE.	STREET ADDRESS	27828 SW 127th AVE
CITY-ST-ZIP	HOME STEAD FL 33032	CITY-ST-ZIP	Homestead Fl 33032
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOODOO, RUSSELL	NAME	Russel Boodoo
STREET ADDRESS	27828 SW 127TH AVE.	STREET ADDRESS	27828 SW 127th AVE
CITY-ST-ZIP	HOME STEAD FL 33032	CITY-ST-ZIP	HOMESTEAD Fl 33032
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4/12/04 305 257 1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #