


FROM : B.Y.N. & COMPANY

FAX NO. : 3054443550

5. **FILED**
Jun 07, 2005 8:00 am
Secretary of State

05-04-2005 90185 006 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000032587			
1. Entity Name NORMANDY CLEANERS, INC.			
Principal Place of Business 13455 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33161		Mailing Address 13455 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33161	
2. Principal Place of Business 1040 Normandy Dr.		3. Mailing Address 13455 W. Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORMANDY ISLES FL		City & State NORTH MIAMI FL	
Zip DADE		Zip 33161	
Country DADE		Country DADE	
4. FEI Number 20-0782738		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINCENT E. SCHINDELER, P.A. 833 S.E. 3RD AVENUE SUITE 4-R FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>(Signature, typed or printed name of registered agent and two qualifications. (NOT) If interested Agent signature required when re-appointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.		9. Election Campaign 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 NAME STREET ADDRESS CITY-ST-ZIP	DONNA LIPSON P.A.S. <input type="checkbox"/> Delete 13455 W. DIXIE HWY NORTH MIAMI BEACH FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ROSS LIPSON <input type="checkbox"/> Delete 13455 W. DIXIE HWY NORTH MIAMI BEACH FL 33161	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
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 an exemption stated in Section 119.07(3)(c), 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: <u>V.P. Ross Lipson</u>		DATE: <u>6-24-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66022072



04262005 Chg-P CR2E034 (10/03)