


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-18-2005 90058 016 ****13.75
03-16-2005 90029 042 ***150.00

DOCUMENT # P04000035325					
1. Entity Name: L & I CLEANERS, INC. <i>D/B/A Piccadilly Cleaners</i>					
Principal Place of Business 18524 OCEAN MIST DRIVE BOCA RATON FL 33498		Mailing Address 18524 OCEAN MIST DRIVE BOCA RATON FL 33498			
2. Principal Place of Business 8221-11 W. Glades Rd		3. Mailing Address 9305 Flynn Circle #3			
Suite, Apt. #, etc. Boca Raton, Fl.		Suite, Apt. #, etc. Boca Raton, Fl.			
City & State		City & State			
Zip 33434	Country Palm Beach	Zip 33496	Country Palm Beach	4. FEI Number 72-1582533	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	D SHEVTSOV, ISAAC 18524 OCEAN MIST DRIVE BOCA RATON FL 33498 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHEVTSOV, LELYA 9305 Flynn Circle #3 BOCA RATON, FL. 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Lelya Shevtsov</i> LELYA SHEVTSOV			Date: 2/15/05 Daytime Phone #: 561-883-3088		