

2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 09 2005

DOCUMENT # P04000123366

1. Entity Name
THE SILVER HANGER DRY CLEANERS INC.



FILED
MAY -2 AM 8:03

Principal Place of Business

~~262 NW 29 AVE~~ 2621 N.W. 79 AVE
MIAMI, FL 33122

Mailing Address

~~262 NW 29 AVE~~ 2621 N.W. 79 AVE
MIAMI, FL 33122

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

30-0261067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONAGAS, FRANCISCO
3098-10 FULLER ST
MIAMI, FL 33133

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MONAGAS, FRANCISCO ☐ Delete
STREET ADDRESS ~~262 NW 29 AVE~~ 2621 N.W. 79 AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE VP
NAME QUIJADA, PEDRO ☐ Delete
STREET ADDRESS ~~262 NW 29 AVE~~ 2621 N.W. 79 AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE S
NAME QUIJADA, BASILISO ☐ Delete
STREET ADDRESS ~~262 NW 29 AVE~~ 2621 N.W. 79 AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 300054341698 ☐ Change ☐ Addition
STREET ADDRESS 05/12/05--01075--002 **300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/11/05 305-592-0592

Date

Daytime Phone #