

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90031 023 ***150.00

DOCUMENT # P93000011351

1. Entity Name
L.A. DRYCLEANERS, INC.



Principal Place of Business
**5030 CHAMPION BLVD
UNIT F-5
BOCA RATON, FL 33496 US**

Mailing Address
**2101 W. COMMERCIAL BLVD
SUITE 4100
FT LAUDERDALE, FL 33309**

94031628

2. Principal Place of Business
5030 Champion Blvd
Suite, Apt. #, etc.
Unit F-5
City & State
Boca Raton, FL

3. Mailing Address
Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0409881

Applied For
Not Applicable

Zip Country
33496 US

Zip Country

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

6. Name and Address of Current Registered Agent

**FORMAN, ROBERT S
2101 W COMMERCIAL BLVD
SUITE 4100
FT LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **KASPAR, ANDERAS**
STREET ADDRESS **5030 CHAMPION BLVD., UNIT F-5**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **VM** ☐ Delete
NAME **RIVERA, HADA**
STREET ADDRESS **1107 SW 83RD AVE**
CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

2/29/04 561 241 2652