2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2005 8:00 am **Secretary of State DOCUMENT # P93000021785** 02-24-2005 90032 012 ***150.00 1. Entity Name A.N.F. DRY CLEANERS INC. Principal Place of Business Mailing Address 10870 WILES RD 10870 WILES RD CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 No Chg-P CR2E034 (10/03) 01122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0394252 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIMENTEL, FELIX A DO NOT WRITE 11152 W SAMPLE RD #52 IN THIS SPACE CORAL SPRINGS, FL 33065 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME PIMENTEL, FELIX A STREET ADDRESS 11152 W SAMPLE RD #52 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 independent 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:

NAME STREET ADDRESS CITY-ST-ZIP

FILED