## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000049626 (2)

NORTHBAY CLEANERS, INC.

Principat	Place of	Business	

Mailing Address

7601 EAST TREASURE DRIVE. STORE 7 NORTRH BAY VILLAGE FL 33141 7601 EAST TREASURE DRIVE. STORE 7 NORTRH BAY VILLAGE FL 33141-4391

## FILED May 07 1997 8:00am Secretary of State



NORTRH BAY V	/ILLAGE FL 33141	NORTRH BAY VILLAGE FL S	33141-4391				
				3. Date Incorporated or Qualified 06/29/1994	3a. Date of Last Report 08/12/1996		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0498356	Not Applicable		
Sulte, Apt. +	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for in			
24	25	29	30		Yes No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent		
717 SUIT	ithit, marc anthony ESQ. Ponce de Leon BLVD. E 309 IAL Gables FL 33134		B3 1080	ARC Anthony yor ess (P.O. Pox Number is Not Acceptable & Discayne Bluc	Suite 950		
			84 City M/	am i	FL 33/3/		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of jugistered ages	st and title if applicable (NOT):	Registered Agent signature requir	od whori reinstaling)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition ☐		
NAME	ROSE, SHAWN DAVID		1.2 NAME		[3]		
STREET ADDRESS	3804 NE 6TH AVENUE		1.3 STREET ADDRESS		{		
CITY-ST-ZIP	MIAMI FL 33137		14 CITY - ST - ZIP				
TITLE	SO	☐ DELÉTE	21 TITLE		Change Addition		
NAME	DOUTHIT, MARC ANTHONY		2 2 NAME				
STREET ADDRESS	717 PONCE DE LEON BLVD., S	SUITE 309	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33134	Doctor	2 4 CHY-ST-ZIP				
TITLE		☐ DELETE	3.1 TiTLE		Change Addition		
NAME			3.2 NAME		1		
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition		
TITLE		□ otter	4.1 TITLE		L_1 Change L_1 Audition		
NAME			4. 2 NAME		ļ		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELE1E	4.4 CHY+ST-ZIP 5.1 THE		Change Addition		
NAME		□ biten	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 DTY-S1-ZIP		ľ		
TITLE		DELETE	61 TILE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP		·		
	by certify that the information supplied	with this filing does not qualify		d in Section 119.07(3)(i). Florida Statutes	s. I further certify that the		

information indicated on this annual report or supplemental annual 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 12 or Block 13 it changed, or on an attaghment with an address.

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1/29/97 864-496