


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000094996	
1. Entity Name MICHELLE 'M' CLEANERS, INC.	

Principal Place of Business 2398 W. OAK RIDGE RD. ORLANDO, FL 32809	Mailing Address 2398 W. OAK RIDGE RD. ORLANDO, FL 32809
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3352153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARRIOLA, JUAN 2398 W. OAK RIDGE RD. ORLANDO, FL 32809
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**DO NOT WRITE
IN THIS SPACE**

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: <i>Juan Arriola</i>	JUAN ARRIOLA	4-26-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000150309 05/04/04-80001-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIOLA, JUAN 2398 W. OAK RIDGE RD. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIOLA, ANGELA 2398 W. OAK RIDGE RD. ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Juan Arriola</i>	JUAN ARRIOLA	407-851-3175
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>