

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90001 023 ***150.00

DOCUMENT # P96000089347

1. Entity Name
THE CLEANERS OF CHOICE INC.



Principal Place of Business
**1486 NE MIAMI GARDEN DR
N MIAMI BEACH, FL 33179**

Mailing Address
**1486 NE MIAMI GARDEN DR
N MIAMI BEACH, FL 33179**

54057024

2. Principal Place of Business

3. Mailing Address



05182004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0705312

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

7. Name and Address of New Registered Agent

**EUGENE, MICHAEL
1546 N.W. 167 AVENUE
PEMBROKE PINES, FL 33028-1371**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V-P-S-O** ☐ Delete
NAME **EUGENE, MICHAEL**
STREET ADDRESS **1546 N.W. 167 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

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

TITLE ☒ Delete
NAME **EUGENE, YOLAINE**
STREET ADDRESS **1546 N.W. 167 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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, and all other like empowered.

SIGNATURE

MICHAEL EUGENE

5/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

ATTACHMENT

3405 1024
June 01, 2004
~~May 18, 2004~~

To: FLA Dept. of State
TALLAHASSEE, FL

FROM: THE CLEANERS OF CHOICE, INC.

996000089347

ENCLOSED IS THE 2004 VBR AND A CHECK
FOR \$150.—. PLEASE ACCEPT THIS AS A TIMELY FILING.

WE DO NOT RECEIVE ANY NOTIFICATION DUE TO CHANGE
OF COMPANY MAILING ADDRESS.

Very Truly yours,

MICHAEL EUGENE, PRES.

Michael Eugene