2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089347

1. Entity Name
THE CLEANERS OF CHOICE INC.

Principal Place of Business	Mailing Address
1486 NE MIAMI GARDEN DR N MIAMI BEACH, FL 33179	1546 NW 167 AVE HOLLYWOOD, FL 33028

05042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1486 NE MIAMI GARDEN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: N MIAMI BEACH FL
Zip: 33179 Country	County: DADE

4. FEI Number: 65-0705312 ☐ Applied For ☐ Not Applicable

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: EUGENE, MICHEL JR Street Address (P.O. Box Number is Not Acceptable): 9411 Atlantic St City: Miramar FL Zip Code: 33025

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: M. Eugene JR 04/29/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ~~EUGENE, MICHAEL~~ ~~1546 N.W. 167 AVENUE~~ ~~PEMBROKE~~ PINES, FL 33028	☐ Delete	President Michel Eugene JR 9411 Atlantic Street Miramar FL 33025	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: M. Eugene JR 04/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/4/05 aw