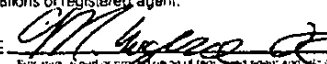
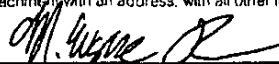


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06-09-2005 90002007-15 PM 3: 22
2005 AUG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 1546 NW 167 AVE HOLLYWOOD, FL 33028	
2. Principal Place of Business		3. Mailing Address 1486 NE MIAMI GARDEN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State N MIAMI BEACH FL	
Zip	Country	33179 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 EUGENE, MICHAEL 1546 N.W. 167 AVENUE PEMBROKE PINES, FL 33028-1371		7. Name and Address of New Registered Agent Name: EUGENE MICHAEL 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: 		DATE: 04/29/05	
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Michel Eugene JR 9411 Atlantic street Miramar FL 33025 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		DATE: 04/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

8/19/05
aw