


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90022 032 \*\*\*158.75

DOCUMENT # P97000000852

1. Entity Name  
 BRICKELL CLEANERS, INC.



Principal Place of Business  
 120 SW 13TH ST  
 MIAMI, FL 33130

Mailing Address  
 120 SW 13TH ST  
 MIAMI, FL 33130

54023169



2. Principal Place of Business  
 15501 Bull Run Rd.

3. Mailing Address  
 15501 Bull Run Rd.

Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State  
 Miami Lakes FL

City & State  
 Miami Lakes FL

Zip  
 33014

Country  
 USA

Zip  
 33014

Country  
 USA

4. FEI Number  
 65-0717999

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, ANTONIO JR.  
 14850 SW 37TH CT  
 MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

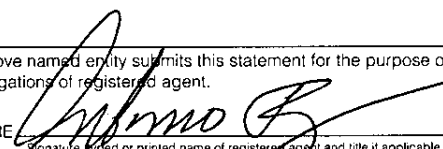
Name  
 Figueroa Antonio Jr

Street Address (P.O. Box Number is Not Acceptable)  
 15501 Bull Run Rd

City  
 Miami Lakes FL

Zip Code  
 33014

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 3/22/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete FIGUEROA, ANTONIO JR. 16330 NORTHWEST 84TH AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete FIGUEROA, ANTONIO 9017 SW 23RD LANE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/Figueroa Antonio Jr 15501 Bull Run Rd Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Figueroa Antonio 15501 Bull Run Rd Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 3/22/04 DAYTIME PHONE # 786-586-3075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR