## **2004 FOR PROFIT CORPORATION**

SIGNATURE:

## Mar 29, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P97000000852 03-29-2004 90022 032 \*\*\*158.75 BRICKELL CLEANERS, INC. Principal Place of Business Mailing Address 120 SW 13TH ST 120 SW 13TH ST 54023169 MIAMI, FL 33130 MIAMI, FL 33130 3. Mailing Address BULL Ruw Rs. 2. Principal Place of Business 15501 BULL RIN RO Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chg-P CR2E034 (10/03) Applied For City & State Minni 4. FEI Number MIRMI LAKES 65-0717999 Not Applicable Zip 33014 Žio. Country \$8.75 Additional 5. Certificate of Status Desired USA 33014 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Figueroa Antonio FIGUEROA, ANTONIO JR. Street Address (P.O. Box Number is Not Acceptable) 14850 SW 37TH CT MIRAMAR, FL 33027 8. The above named endity sulfmits 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 registers d agent. SIGNATURE t and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE TITLE ☐ Delete FIGUEROA, ANTONIO JR. NAME NAME 15501 BULL RUN RD 16330 NORTHWEST 84TH AVE STREET ADDRESS STREET ADDRESS Mam Lakes, R 33014 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33016 FIGUEROR Antonio ☐ Delete TITLE FIGUEROA, ANTONIO NAME NAME 9017 SW 23RD LANE STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33014 MIAMI, FL 33165 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete THE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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 impowered 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.

FILED