

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90009 031 ***150.00

DOCUMENT # P97000032459

1. Entity Name
POMPANO DRY CLEANERS, INC.



Principal Place of Business
**207 SOUTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062**

Mailing Address
**207 SOUTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062**

14022830



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132003 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0752895

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

**KONG, KWI SON
6181 A LAUREL LANE
TAMARAC, FL 33319**

Name

Halina Lukcza-Gorski

Street Address (P.O. Box Number is Not Acceptable)

207 South Federal Hwy

City

Pompano Beach

FL

Zip Code

33062

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

Halina Lukcza-Gorski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/19/04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
KONEY, KWI SON
6181 A LAUREL LANE
TAMARAC, FL 33319**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Lukcza-Gorski, Halina
207 South Federal Hwy
Pompano Beach, FL 33062**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Halina Lukcza-Gorski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/04

Daytime Phone #

Attachment
14022830
P97000032459

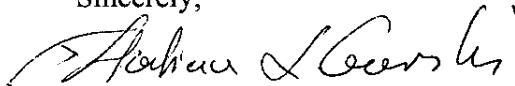
May 19, 2004

Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

I am asking for a waiver of penalties because we have not received the required filing forms this year. Please accept attached check for \$150 to renew Pompano Dry Cleaners, Inc. #P97000032459. Attached is the 2004 Annual Report. Thanks

Sincerely,



Halina Lukcza-Gorski
President