


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90022 033 ***158.75

DOCUMENT # P97000050824	
1. Entity Name AF CLEANERS, INC.	

Principal Place of Business 120 SW 13 STREET MIAMI, FL 33130 US	Mailing Address 120 SW 13 STREET MIAMI, FL 33130 US
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54023168

2. Principal Place of Business 15501 BULL RUN RD.	3. Mailing Address 15501 BULL RUN RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



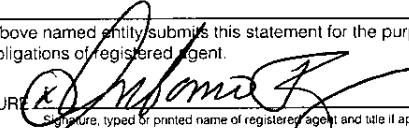
02252004 Chg-P CR2E034 (10/03)

City & State MIAMI LAKES FL.	City & State MIAMI LAKES FL.
Zip 33014	Country USA
Zip 33014	Country USA

4. FEI Number 65-0763253	Applied For <input type="checkbox"/> Not Applicable
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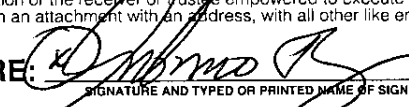
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIGUEROA, ANTONIO JR. 120 SW 13 STREET MIAMI, FL 33130	
7. Name and Address of New Registered Agent 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ANTONIO JR. 120 SW 13 STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ANTONIO JR. 15501 BULL RUN RD. MIAMI LAKES, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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 3/22/04 DAYTIME PHONE 786-586-3075