

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90245 010 ***150.00

DOCUMENT # P97000106368

1. Entity Name

CREW CLEANER, INC.



Principal Place of Business

6874 NW 20 AVE
FT LAUDERDALE FL 33309

Mailing Address

6874 NW 20 AVE
FT LAUDERDALE FL 33309

24057791



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0802460

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

WAKSMAN, DONALD
6874 NW 20 AVE
FT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CDP ☐ Delete
NAME WAKSMAN, DONALD
STREET ADDRESS 6874 NW 20TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE DVT ☐ Delete
NAME LYLE, REGINA
STREET ADDRESS 92 NW 12TH AVE.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DS ☐ Delete
NAME BLUMBERG, RICHARD
STREET ADDRESS 2895 W. PROSPECT RD
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D ☐ Delete
NAME DAVIS, KARL
STREET ADDRESS 1831 SW 7TH AVE.
CITY-ST-ZIP POMPAÑO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Regina Lyle REGINA LYLE Vice President

4-26-04

954-974-8443