

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000009259**  
1. Entity Name  
**M & J DRY CLEANERS, INC.**



Principal Place of Business  
**5317 NORTH STATE ROAD 7  
TAMARAC, FL 33319**

Mailing Address  
**5317 NORTH STATE ROAD 7  
TAMARAC, FL 33319**

**DO NOT WRITE IN THIS SPACE**



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0819145**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRALEY, STEPHEN J ESQ  
STEPHEN J. STRALEY, P.A.  
3990 SHERIDAN STREET #109  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PIERRE, MELILA J
STREET ADDRESS	2300 SW 43RD AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	PIERRE, JEAN A
STREET ADDRESS	2300 SW 43RD AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-98889-020-150-00

**DO NOT WRITE  
IN THIS SPACE**

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: Jean A. Pierre **JEAN A. PIERRE** *V-PROSP.* **4-25-05** **954 731-0480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #