


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90014 009 ***150.00

DOCUMENT # P98000059095

1. Entity Name
EUROPEAN TOUCH CLEANERS, INC.



Principal Place of Business Mailing Address

**1911 S FEDERAL HWY
 DELRAY BCH FL 33483
 US** **1911 S FEDERAL HWY
 DELRAY BCH FL 33483
 US**

2. Principal Place of Business 3. Mailing Address

1911 S. Federal Hwy **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Delray Bch, FL 33483 **FL 33483**

Zip Country Zip Country

33483 **USA** **33483** **USA**

4. FEI Number Applied For

65-0856129 Not Applicable

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

\$8.75



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**GREENFIELD, STEVEN B
 7000 W PALMETTO PARK RD, STE 402
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name: **[Redacted]**

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 _____ (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 \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ISKANDARIAN, ESTPHAN	
STREET ADDRESS	7200 NW 2ND AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ISKANDARIAN, SHAKIE	
STREET ADDRESS	7200 NW 2ND AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **2-16-04** Daytime Phone #: **561-274-1970**