


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90973 022 ***150.00

DOCUMENT # P98000059095				
1. Entity Name EUROPEAN TOUCH CLEANERS, INC.				
Principal Place of Business 1911 S FEDERAL HWY DELRAY BCH, FL 33483 US		Mailing Address 1911 S FEDERAL HWY DELRAY BCH, FL 33483 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	02182005 Chg-P CR2E034 (10/03) 4. FEI Number 65-0856129
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
GREENFIELD, STEVEN B 7000 W PALMETTO PARK RD, STE 402 BOCA RATON, FL 33433				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDARIAN, ESTPHAN		NAME	
STREET ADDRESS	7200 NW 2ND AVE		STREET ADDRESS	4150 SABLE LAKES ROAD
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISKANDARIAN, SHAKIE		NAME	
STREET ADDRESS	7200 NW 2ND AVE		STREET ADDRESS	4150 SABLE LAKES ROAD
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 another like empowered.				
SIGNATURE: _____				4-19-05 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #