

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V25826

1. Entity Name
PARIS DRY CLEANERS, INC.



Principal Place of Business

~~2920 CORAL WAY~~
MIAMI, FL 33145

Mailing Address

~~2920 CORAL WAY~~
MIAMI, FL 33145

2. Principal Place of Business

3381 NW 7 ST

Suite, Apt. #, etc.

3. Mailing Address

33

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33125

Country

City & State

Miami, FL

Zip
33125

Country

05042004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0333491

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, CIRO
2929 CORAL WAY
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name Belkis Medina

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

3381 NW 7 ST.

City Miami

FL

Zip Code
33125

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

Belkis Medina

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARDENAS, CARLOS R.	
STREET ADDRESS	2922 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, CIRO	
STREET ADDRESS	2922 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARDENAS, BERTA	
STREET ADDRESS	2922 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, BERTHA	
STREET ADDRESS	2922 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL	
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	PISITIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belkis Medina	
STREET ADDRESS	3381 NW 7 ST	
CITY-ST-ZIP	Miami, FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400036049604	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	05/11/04--01032--002 **150.00	
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:

Belkis Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 MAY -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

