2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 13, 2006 08:00 AM DOCUMENT # P02000048105 **Secretary of State** 1. Entity Name LOS SAGUEROS COIN LAUNDRY, INC. Principal Place of Business Mailing Address 1520 WEST 37 ST 1520 WEST 37 ST HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 37-1428530 Not Applicable Country Zia Country LID \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACEVEDO, EDELIO Street Address (P.O. Box Number is Not Acceptable) 9310 SW 72 TERR **MIAMI FL 33165** City 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. (NOTE: Registered Agent signature required when revisializati) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD Dejete TITLE ☐ Change ☐ Address ACEVEDO, EDELIO NAME MAME STREET ADDRESS 9310 SW 42 TERR STREET ADDRESS U00000463086 CUTY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP 03/21/06-80063-001 150.00 TITLE Delete uni ☐ Change Addin. NAME NAME STRELT ADDRESS STREES ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3318 Detete 1971 [] Опине □ Addi: N°M. NAME STREET ADDRESS STREET AUDRESS €HY-SI-ZIP CITY-ST-ZIP THE ☐ Detete DALE Change T Admi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change ☐ Add*** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Defete DOLE ☐ Change ∏ A¢∵ NAME NAME STREET ADDRESS STREET ABORESS CITY-ST-ZIP CITY-ST-Z@ 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes if further certify that the information indicated on this report of 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 of direction 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 1 if changed, or on an attachment with an address with all other like empowered.

S OFFICER OR DIRECTOR

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