


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90410 028 \*\*\*150.00

**DOCUMENT # P03000147584**

1. Entity Name  
**PRESIDENTE COIN LAUNDRY INC.**



Principal Place of Business  
**11330 QUAIL ROOST DR  
 MIAMI, FL 33157**

Mailing Address  
**11330 QUAIL ROOST DR  
 MIAMI, FL 33157**

**50008573**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



02132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**BENITEZ, ORLANDO SR  
 16284 SW 43RD TER  
 MIAMI, FL 33185**

7. Name and Address of New Registered Agent  
 Name  
**Harriet Turino**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11330 Quail Roost Drive**  
 City  
**Miami** **FL** Zip Code  
**33157**

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 *Harriet Turino* **Harriet Turino, Sec.** **02/13/2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, ORLANDO SR 16284 SW 43 TR. MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRAN, MAYDOLE 7221 SW 56TH ST MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose Cosme 11330 Quail Roost Drive Miami, FL 33157	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carmen Vergel 11330 Quail Roost Drive Miami, FL 33157	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harriet Turino 11330 Quail Roost Drive Miami, FL 33157	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Harriet Turino* **02/13/2006** (305) 225-4187  
Signature and typed or printed name of signing officer or director Date Daytime Phone #