2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 01, 2005 08:00 AM **Secretary of State** DOCUMENT # P95000004884 1. Entity Name RUIZ LAUNDRY, INC. Principal Place of Business Mailing Address 3091 NW 95TH STREET 3091 NW 95TH STREET MIAMI, FL 33142 MIAMI, FL 33142 01242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0602515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUIZ, MARIA B DO NOT WRITE 309 N.W. 95TH STREET MIAMI, FL 33054 IN THIS SPACE 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. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinsteting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PSTD RUIZ, MARIA B NAME STREET ADDRESS 18477 NW 55TH AVE. CITY-ST-ZIP MIAMI, FL 33055 100000208914 02/02/05-80013-013 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this litting does not qualify for the examption 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attactnified with an address, without this employwered.

SIGNATURE!

NAME STREET ADDRESS CITY-ST-ZIP

GOFFICER OR DIRECTOR

Daytime Phone #

FILED