2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 12, 2008 8:00 am Secretary of State DOCUMENT # S35879 1. Entity Name 08-12-2008 90024 003 ***150.00 OAKLAND LAUNDRY CORPORATION Principal Place of Business Mailing Address 3160 NW 9TH AVE 2330 SW 106TH TERRACE OAKLAND PARK FL 33311 DAVIE FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State 4. FEI Number Applied For 65-0249534 Not Applicable Zip Country Zip Country \$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 DEEB, GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 2330 SW 104ST TER DAVIE FL 33324 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. SIGNATURE 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 -S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be **DUE BY September 3, 2008** late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Change ☐ Addition MAME DEEB, GEORGE M. NAME STREET ADDRESS 2330 SW 106TH TERRACE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP VSD TITLE ☐ Delete TIFLE ☐ Change Addition NAME BRINCEFIELD, ROBERT E.JR NAME STREET ADDRESS 2850 N.E. 23RD ST STREET ADDRESS CITY-ST-ZIP POMPANO BCH FL CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME

FILED

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

STREET ADDRESS

CITY-ST-ZIP

General M. Deeb 8/5/08 (994)370-9034

STREET ADDRESS

CITY-ST-7IP