


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V36555
 1. Entity Name
BIOHAZARD LAUNDRY SERVICES, INC.



Principal Place of Business
**18908 PLACE MARQUETTE
 LUTZ, FL 33558**

Mailing Address
**18908 PLACE MARQUETTE
 LUTZ, FL 33558**

DO NOT WRITE IN THIS SPACE



04232006 No Ctg-P CR2E034 (11/05)

4. FEI Number
59-3125305

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KREKORIAN, MARK
 18908 PLACE MARQUETTE
 LUTZ, FL 33558**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

1111000555902
 05/16/06-80048-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREKORIAN, MARK 18908 PLACE MARQUETTE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDT KREKORIAN, MICHELE 18908 PLACE MARQUETTE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREKORIAN, MICHAEL P 18908 PLACE MARQUETTE LUTZ, FL 33558
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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: Mark Krekorian **MARK KREKORIAN** 4/26/06 813-909-7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #