


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90408 005 ***150.00

DOCUMENT # 623860 1. Entity Name KEY WEST LAUNDRETTE INC.					
Principal Place of Business 912 A KENNEDY DRIVE KEY WEST, FL 33040			Mailing Address 13713 SW 9TH ST MIAMI, FL 33184		
2. Principal Place of Business - No P.O. Box # 900 TRUMAN AVENUE		3. Mailing Address 13301 SW 204 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KEY WEST, FL		City & State MIAMI, FL		4. FEI Number 59-1914110	
Zip 33040		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33177		Country USA		03062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent JACOBO, ANA H. 13713 SW 9TH ST MIAMI, FL 33184			7. Name and Address of New Registered Agent Name ANA H. JACOBO Street Address (P.O. Box Number is Not Acceptable) 13301 SW 204 STREET City MIAMI FL Zip Code 33177		
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 <u>ANA H. JACOBO</u> <u>ANA H. JACOBO</u> <u>4-27-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, CIRILO 3326 FLAGLER AVE KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBO, ANA H 13713 SW 9TH ST MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANA H. JACOBO 13301 SW 204 STREET MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANA H. JACOBO 13301 SW 204 STREET MIAMI, FL 33177	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANA H. JACOBO 13301 SW 204 STREET MIAMI, FL 33177	<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: <u>ANA H. JACOBO</u> <u>ANA H. JACOBO</u>		<u>4-27-07</u>		<u>305-216-6209</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	