2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000006660

FILED Apr 24, 2006 08:00 A Secretary of State

1. Entity Name WASH DEPOT V, INC.				•	
Principal Place of Business	Mailing Address				
14 SUMMER ST	14 SUMMER ST				
Sutie 302 Malden, Ma 02148	SUTIE 302 Malden, ma 02148				
nucocie; nu oc i to	Minestry var oz 110				
The second secon					
DO NOT WRITE IN THIS SPACE		ACE	01062006 No Chg-F	CR2E034 (11	/05)
DO NOT WA	CIE IN IMIS SPA	ACE	4. FEI Number 04-3395892	.	Applied Not App
			5. Certificate of Status Desir	red	5 Additional equired
6. Name and Address of	Current Registered Agent		M. J. San		le, La
GLICKSTEIN, GREGG H ESQ. 54 SW BOCA RATON BLVD BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE			
The above named entity submits this star the obligations of registered agent. SIGNATURE		stëred office or registere	ed agent, or both, in the State	of Florida. I am famillai	with, and a
Signature, typed or printed name of regis	stered agent and title if applicable (NOTE, Regi	stered Agent äignature required i	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150 After May 1, 2006 Fee will be		~ _ ~~``	00 May Be U000 ed to Fees 05/05/	000528383 06-80034-014	150.00
	RS AND DIRECTORS				
					1 10 - 47 10

TITLE ANDERSON, GREGORY NAME STREET ADDRESS 14 SUMMER ST STE 302 CITY-ST-ZIP MALDEN, MA 02148 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 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 Electronical description with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 106 181-324-