2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM DOCUMENT # K78741 **Secretary of State** 1. Entity Name SUNLAND LAUNDRY CORPORATION Mailing Address Principal Place of Business 2330 SW 106TH TERRACE DAVIE FL 33324 12400 NW 7TH AVE NORTH MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0184410 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEEB, GEORGE 2330 SW 106TH TERR Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33324 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition DPT Track TITLE ☐ Delete U00000192494 DEEB, GEORGE NAME MAME 01/25/05-80020-020 150.00 STREET ADDRESS STREET ADDRESS 2330 SW 106TH TERR. CITY-ST-ZIP DAVIE FL 33324-6305 CHY-Si-7IP Change ☐ Addition ☐ Delete TITLE NAME BRINCEFIELD, ROBERT E. J MARAE STREET ADDRESS STREET ADDRESS 2850 NE 23RD ST CITY-ST-ZIP POMPANO BEACH FL CITY - ST - ZIP ☐ Change ☐ Addition TOTALE TITLE ☐ Delete NAME STREE! ADDRESS STREET ADDRESS CILY-ST-ZIP CITY-ST-ZIP THE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-DP GITY- ST. 7tP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-21P CITY-ST-7/P ☐ Change ☐ Addition Ď Delete DITLE MUL NAME NAME CIRLLI ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST 7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trusfee 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.

FILED