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

Aug 12, 2008 8:00 am Secretary of State DOCUMENT # K78741 1. Entity Name 08-12-2008 90024 002 ***150.00 SUNLAND LAUNDRY CORPORATION Principal Place of Business Mailing Address 2330 SW 106TH TERRACE 12400 NW 7TH AVE NORTH MIAMI FL 33168 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 Applied For City & State 4. FEI Number 65-0184410 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEEB, GEORGE Street Address (P.O. Box Number is Not Acceptable) 2330 SW 106TH TERR 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 Signature, typed or crimted name of registered agent and little 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE □ Delete TITLE ☐ Change Addition NAME DEEB, GEORGE MAME STREET ADDRESS 2330 SW 106TH TERR. STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324-6305 ☐ Delete □ Change ☐ Addition TITLE TITLE BRINCEFIELD, ROBERT E. J NAME NAME STREET ADDRESS STREET ADDRESS 2850 NE 23RD ST CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 with an address, with all other

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

Delete

Change

Addition

FILED