## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attack

SIGNATURE:

## Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # L36676 1. Entity Name FAST LAUNDRY NUM. 3, INC. Principal Place of Business Mailing Address 1277 NW 7TH STREET 7720 SW 78 ST. MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0190958 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARBEITO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 7720 SW 78 ST. **MIAMI FL 33143** City Zip Code 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE HILE ☐ Change M Addition ☐ Delete U00000297442 04/11/05-80026-015 150.00 BARBEITO, ANTONIO NAME 7720 SW 78 ST. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL CITY-ST- ZIP DILLE ☐ Addition Delete TITLE Change NAME BARBEITO-LOVETT, MARIA T NAME STREET ADDRESS 7720 SW 78 ST. STREET ADDRESS CITY - ST - ZIP MIAMI FL 33193 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE THE ☐ Addition ☐ Delete ☐ Change NAME NAME CIREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SE-ZIP TITLE ☐ Delete HILE Change ☐ Addition NAME NAME CIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TOTAL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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

FILED