


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # M01308 |  |
| 1. Entity Name ALL LAUNDRY SERVICE, INC. | |

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|---|--|
| Principal Place of Business 2341 SW 32ND AVENUE MIAMI, FL 33145 | Mailing Address 5767 S.W. 17 STREET MIAMI, FL 33155 US |
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DO NOT WRITE IN THIS SPACE

02182005 No Chg-P CR2E034 (10/03)

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|---|---|
| 4. FEI Number 65-0040833 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LOPEZ-AGUIAR, HENRY A.
3445 N.W. 7TH STREET
MIAMI, FL 33125**

**DO NOT WRITE
IN THIS SPACE**

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]* (NOTE: Registered Agent signature required when reinstating)

DATE: **2/18/05**

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000238432 02/21/05-80091-019 150.00 |
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10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERNANDEZ, RAMON 5767 S.W. 17TH STREET MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERNANDEZ, ZENaida 5767 S.W. 17TH STREET MIAMI, FL 33155 |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature: Ramon Fernandez]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ramon Fernandez**

DATE: **2/18/05** DAYTIME PHONE: **305-525-2061**