2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # M12996** 1. Entity Name PEPE COIN LAUNDRY, INC. Principal Place of Business Mailing Address 1246 NW 29 ST 300 S.W. 129 AVE MIAMI, FL 33128 US MIAMI, FL 33184 04172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2506177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERDIE, AINSLEE R. DO NOT WRITE 717 PONCE DE LEON BLVD. SUTIE 215 IN THIS SPACE CORAL GABLES, FL 33134 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GALLARDO, JOSE NAME STREET ADDRESS 300 SW 129 AVE CITY-ST-ZIP MIAMI, FL 33184 TITLE NAME <u> U</u>QQQQQ0726216 STREET ADDRESS 05/03/07-80054-002 150.do CiTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this bird globs 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 the analysis and accordate 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 his 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 law empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

ING OFFICER OR DIRECTOR

Daytime Phone #