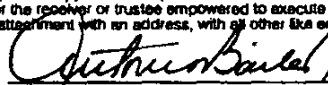


FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90425 005 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M52105 1. Entity Name FAST LAUNDRY, INC.			
Principal Place of Business 1643 W FLAGLER STREET MIAMI, FL 33125 US		Mailing Address 2720 SW 28TH STREET MIAMI, FL 33143 US P.O. BOX # 650068 MIAMI, FL 33265	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BARBEITO, ANTONIO 2720 SW 28TH STREET MIAMI, FL 33143 3859 SUNSET DR 20LFO SPRINGS, FL 33890		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, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD BARBEITO, ANTONIO 2720 SW 28TH STREET MIAMI, FL 33143 P.O. BOX # 650068 MIAMI, FL 33265 3859 SUNSET DR 20LFO SPRINGS, FL 33890	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S BARBEITO-LOVETT, MARIA T. 2720 SW 28TH STREET MIAMI, FL 33143 P.O. BOX # 650068 MIAMI, FL 33265 3859 SUNSET DR. 20LFO SPRINGS FL, 33890	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/12/06 786-247-2757	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Date Daytime Phone	