2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State
04-24-2006 90425 005 ***150.00

66016532

DOCUMENT # M52105

1. Entity Name
FAST LAUNDRY, INC.

Principal Place of Business	Mailing Address
1643 W FLAGLER STREET MIAMI, FL 33125 US	~~7720 SW 78TH STREET~~ ~~MIAMI, FL 33143 US~~ PO Box # 650068 Miami, FL. 33265

DO NOT WRITE IN THIS SPACE

04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2837733
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARBEITO, ANTONIO ~~MAILING ADD~~
~~7720 SW 78TH STREET~~ ~~P.O. Box # 650068~~
MIAMI, FL ~~33143~~ ~~Miami FL 33265~~
3859 SUNSET DR
ZOLFO 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 _____ DATE
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBEITO, ANTONIO ~~P.O. Box # 650068~~
STREET ADDRESS	~~7720 SW 78TH ST~~ ~~Miami FL 33265~~
CITY-ST-ZIP	MIAMI, FL ~~33143~~
TITLE	S
NAME	BARBEITO-LOVETT, MARIA T. ~~P.O. Box # 650068~~
STREET ADDRESS	~~7720 SW 78TH STREET~~
CITY-ST-ZIP	MIAMI, FL ~~33143~~ ~~Miami, FL 33265~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3859 SUNSET DR
ZOLFO SPRINGS, FL 33890

3859 SUNSET DR.
ZOLFO SPRINGS FL, 33890

DO NOT WRITE IN THIS SPACE

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: Anthony Barbeito 4/12/06 786-247-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #