

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90195 002 ***150.00

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04032006 Chg-P CR2E034 (11/05)

DOCUMENT # M61196	
1. Entity Name LITTLE HAITI COIN LAUNDRY, INC.	



Principal Place of Business 6505 NE 2ND AVE MIAMI, FL 33138 US	Mailing Address 18480 NW 24TH STREET PEMBROKE PINES, FL 33029 US
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2. Principal Place of Business		3. Mailing Address 3628 NW 3RD TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CAPE CORAL FL	
Zip	Country	Zip 33993	Country

6. Name and Address of Current Registered Agent GREGORY, URSULA M- 18480 NW 24TH STREET PEMBROKE PINES, FL 33029	
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7. Name and Address of New Registered Agent Name URSULA M GREGORY Street Address (P.O. Box Number is Not Acceptable) 3628 NW 3RD TERRACE City CAPE CORAL FL Zip Code 33993	
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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 <i>URSULA M GREGORY</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-15-06 (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY, RONALD A. 18480 NW 24TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD A GREGORY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3628 NW 3RD TERRACE CAPE CORAL FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGORY, URSULA M. 18480 NW 24TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD URSULA M GREGORY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3628 NW 3RD TERRACE CAPE CORAL FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>URSULA M GREGORY</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-15-06 Daytime Phone # 239-283-2362