



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 6505 NE 2ND AVE MIAMI, FL 33138 US	Mailing Address 3628 NW 3RD TERR CAPE CORAL, FL 33993 US
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DO NOT WRITE IN THIS SPACE

	
04122008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0009025	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 GREGORY, URSULA M- 3628 NW 3RD TERR CAPE CORAL, FL 33993	DO NOT WRITE IN THIS SPACE
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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.

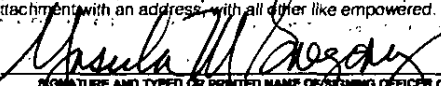
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000922307 05/15/08-80042-009 150:00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY, RONALD A. 3628 NW 3RD TERR CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGORY, URSULA M. 3628 NW 3RD TERR CAPE CORAL, FL 33993
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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: 	4-23-08	239-283-2362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR URSULA M. GREGORY	Date	Daytime Phone #