

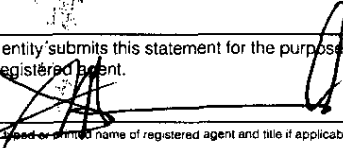
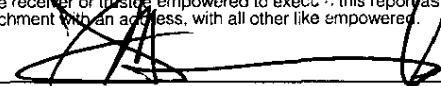


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90227 023 \*\*\*150.00

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| <b>DOCUMENT # P01000000616</b><br>1. Entity Name<br><b>FE-MI LAUNDRY SERVICE, CORP.</b>  |   |   |  |    |   |
| Principal Place of Business<br><b>11543 QUAIL ROOST DR<br/>MIAMI, FL 33157</b>   |   |   |  | Mailing Address<br><b>11543 QUAIL ROOST DR<br/>MIAMI, FL 33157</b>  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  | <b>14010628</b><br>   |   |
| City & State   |   | City & State  |  | 4. FEI Number<br><b>65-1063937</b>  |   |
| Zip  |   | Zip   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MIRANDA, FELIX<br/>17004 SW 153 AVE<br/>MIAMI, FL 33187</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Miranda Felix</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>13994 SW 18 TERR</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b> |   |
| 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.<br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MIRANDA, FELIX<br>17004 SW 153 AVE<br>MIAMI, FL 33187 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>Miranda, Felix<br>13994 SW 18 TERR<br>Miami FL 33175        |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>MIRANDA, ILSIA<br>4130 SW 99 AVE<br>MIAMI, FL 33165   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |   |  |   |   |
| <b>SIGNATURE:</b>   |   |   |  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____  |   |   |  |   |   |