


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000007285
 1. Entity Name
 NAVID LAUNDROMAT, INC.



Principal Place of Business Mailing Address
 802-6TH ST 802-6TH ST
 MIAMI BCH, FL 33139 MIAMI BCH, FL 33139



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1079316 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOSSAIN, MOHAMMED
 6355 ALLISON RD
 MIAMI BCH, FL 33141

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000273019
 03/23/05-80013-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOSSAIN, MOHAMMED S 6355 ALLISON RD MIAMI BCH, FL 33141
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Mohammed S Hossain Date: 3/15/05 MOHAMMED S HOSSAIN 786-252-1427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #