


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000007285

1. Entity Name
NAVID LAUNDROMAT, INC.



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

Mailing Address
**802-6TH ST
MIAMI BCH, FL 33139**



DO NOT WRITE IN THIS SPACE

01212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1079316

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

**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**

000000417364
02/13/06-80053-022 150.00

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MOHAMMED HOSSAIN** 01/28/2006 305-720-67,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #