


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 10, 2008 08:00 A**  
**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

**DO NOT WRITE IN THIS SPACE**



02182008    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-1079316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

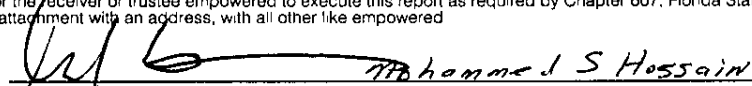
U00000853097  
 03/26/08-80055-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	HOSSAIN, MOHAMMED S
STREET ADDRESS	6355 ALLISON RD
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:       Mohammed S Hossain      3/10/08      786-252-1927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #