2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 23, 2004 08:00 AM Secretary of State DOCUMENT # P01000014622 1. Entity Name A.R.C. LAUNDROMAT, INC. Mailing Address Principal Place of Business 2287 MAIN ST. 2287 MAIN ST. SARASOTA, FL 34237 SARASOTA, FL 34237 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1075675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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 folinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CRUZ, ROLANDO E NAME STREET ADDRESS 2287 MAIN STREET U00000011834 CITY-ST-ZIP SARASOTA, FL 34237 01/23/04-80052-016 150.00 CORDOVEZ, ALINA C NAME 2287 MAIN STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED