

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000017994**

1. Entity Name  
**TICO'S COIN LAUNDRY AND CAFE, INC.**



Principal Place of Business  
**11625-27 SW 216 ST  
MIAMI, FL 33170**

Mailing Address  
**21700 SW 157TH AVE  
MIAMI, FL 33170**

**FILED**

**2006 SEP 18 PM 2:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



08012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1080445**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARDINO, HECTOR  
21700 SW 157 AVE  
MIAMI, FL 33170-2112**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**300080038213  
09/21/06--01050--025 \*\*150.00**

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BARDINO, EMMA
STREET ADDRESS	21700 SW 157 AVE
CITY-ST-ZIP	MIAMI, FL 331702112
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Emma Bardino* **EMMA BARDINO** 8/25/06 (305) 242-3100