

04-02-2003 90390 035 ***150.00

DOCUMENT # P01000076030

1. Entity Name
AVOCADO COIN LAUNDRY, INC.



Principal Place of Business 13310 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33160		Mailing Address 13310 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33160																							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12661 RODMAN ST. Suite, Apt. #, etc.		☒ CHECK HERE IF MAKING CHANGES																					
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number 65-0024566																					
Zip 33019		Country Broward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent BOUSEMAAN, KARIM 1261 RODMAN STREET HOLLYWOOD, FL 33019				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
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's signature required when dissolving) DATE _____																									
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																						
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;">P BOUSEMAAN, KARIM 1261 RODMAN STREET HOLLYWOOD, FL 33019 ☐ Delete </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VP BOUSEMAAN, JOSEPH 1261 RODMAN STREET HOLLYWOOD, FL 33019 ☐ Delete </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> ☐ Delete </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> ☐ Delete </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> ☐ Delete </td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUSEMAAN, KARIM 1261 RODMAN STREET HOLLYWOOD, FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUSEMAAN, JOSEPH 1261 RODMAN STREET HOLLYWOOD, FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;"> ☐ Change ☐ Addition </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> ☐ Change ☐ Addition </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> ☐ Change ☐ Addition </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> ☐ Change ☐ Addition </td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> ☐ Change ☐ Addition </td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(i), 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 _____ 4/11/03 954-925-0107 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #																									