## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

## Feb 20, 2006 08:00 AM DOCUMENT # P02000040086 Secretary of State J & C EXPRESS LAUNDRY, INC. Principal Place of Business Mailing Address 6890-1 MIRAMAR PKWY 6890-1 MIRAMAR PKWY MIRAMAR, FL 33023 MIRAMAR, FL 33023 02022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0668949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARBOSA, MARIA C DO NOT WRITE 6890-1 MIRAMAR PKWY MIRAMAR, FL 33023 IN THIS SPACE \$. 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. MATIA Boilbin SIGNATURE (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PΩ TITLE BARBOSA, MARIA C NAME 6890-1 MIRAMAR PKWY STREET ADDRESS MIRAMAR, FL 33023 CITY-SI-ZIP TITLE NAME U0D000441115 03/03/06-80023-008 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-29 mle IN THIS SPACE MARKE STREET ADDRESS CITY-ST-752 MLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED