2008 FOR PROFIT CORPORATION

FILED 0 ANıte

DOCUMENT # P02000046004 1. Entity Name EMERALD COAST LAUNDRY & DRY CLEANING, INC.					_ Apr 30, 2008 08:00			
						retary of		
3900 E 11TI	H STREET	Mailing Address 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413	3			AT 400 AUG 860 AGAL I		
Г	OO NOT WRITE I	N THIS SPA	CF	04292008	No Chg-P CR	2E034 (11/05)		
				4. FEI Number 04-365		Applied Not Ap	a For pilcable	
		The second secon		5. Certificate	of Status Desired	\$8.75 Addition. Fee Required	al	
	6. Name and Address of Current Reg	istered Agent	1	, ,				
SAFDARI-SADALOO, JAVAD 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413			il ab		NOT WRI			
				is the state of th	2.12. 1.2. 1.			
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and sit			istered agent, or bot		am familiar with, and	accept	
	Signatura, typed or printed name or registered algent and six	e ii appacable. (NOTE: Hegister	ad Agant signature rec	(Disco Aveil (existing)	<u> </u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	05/22/08-800	81-002 150. ₁	00	
10.	OFFICERS AND DIRE	CTORS		*	to the state of	1577 AND 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SAFDARI-SADALOO, JAVAD 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413		***		and the same of th		अ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SAFDARI-SADALOO, SUSAN 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413		\$					
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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.

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR