2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Secretary of State CUMENT # P02000056782 _ C ISTINA'S COIN LAUNDRY, INC. Pr Place of Business 1105 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32169 NORTH DIXIE FREEWAY ٨ MYRNA BEACH FL 32169 2. ivel Place of Business 3. Mailing Address Suite, Apt. #, etc. e, Api. #, etc 1st MOORE CR2E034 (10/05) State City & State Applied For 4. FEI Number 04-3672288 Not Applicat Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAPPAS, CHRIS Street Address (P.O. Box Number is Not Acceptable) T105 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32169 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 acceptances 8. prigations of registered agent. SI Signature, typed or printed name of registered agent and lifts if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ≘ Mer May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Check Payable to Florida Department of State N 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Change ☐ Add*** 71 Delete THE U00000397603 PAPPAS, CHRIS 15/ NAME 01/30/06-80054-022 150.00 SI 188 AVERAGEMAN AVE STREET ADDRESS ClNEW SMYRNA BEACH FL, 32169 CITY-ST-ZIP ☐ Add*** 11 ☐ Defete title ☐ Change N PAPPAS, SOULA NAME 57 1105 N. DIXIE FREEWAY STREET ADDRESS C? NEW SMYRNA BEACH FL 32169 CITY-ST-ZIP 33 ☐ Cetete HILL Change ☐ Add# 11/ MANY Si STREET ADORESS CITY-ST-ZIP Π ☐ Delete TITLE Change T Address Νí NAME \$ STREET ADDRESS CITY-ST-ZIP 77 Change ☐ Delete Addition 3311.5 NAME S. STREET ACCRESS CI CITY-ST-ZIP T) □ Mail Delete THEF ☐ Change

Intereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 direction of the receiver or tutsee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 barried, or on an attact open with an address, with all other like empowered.

CITY-ST-DP

STREET ADDRESS

NAME

NATURE:

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1/20/00