## \_2908 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 16, 2008 08:00 A Secretary of State **DOCUMENT # P020001111184 GOLD STAR LAUNDRY #2, INC.** Principal Place of Business Mailing Address 1014 ADAMS ST 1014 ADAMS ST HOLLYWOOD, FL 33019-1909 HOLLYWOOD, FL 33019-1909 CR2E034 (11/05) 01092008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2322817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MAROUN, SABA 1014 ADAMS ST HOLLYWOOD, FL 33019-1909 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DΡ TITLE MAROUN, SABA NAME STREET ADDRESS 1014 ADAMS ST CITY-ST-ZIP HOLLYWOOD, FL 330191909 TITLE 'U000007860S8 NAME 01/17/08-80024-021:450.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 expowered 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**