

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90061 006 \*\*\*150.00

DOCUMENT # P03000011671

1. Entity Name  
ALMARCO LAUNDROMAT, INC.



Principal Place of Business  
P O BOX 20022  
WEST PALM BEACH, FL 33416

Mailing Address  
P O BOX 20022  
WEST PALM BEACH, FL 33416

66405827



02172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
6021 S. Dixie Hwy.  
Suite, Apt. #, etc.

3. Mailing Address  
6021 S. Dixie Hwy  
Suite, Apt. #, etc.

City & State  
West Palm Beach, FL  
Zip 33405 Country Palm Beach

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West Palm Beach, FL  
Zip 33405 Country Palm Beach

4. FEI Number  
59:3767340

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICCOLO, DAVID M  
1738 45 STREET  
WEST PALM BEACH, FL 33407

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVA, ANTONIO M	
STREET ADDRESS	P O BOX 20022	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALMEIDA, JOSE M	
STREET ADDRESS	P O BOX 20022	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALMEIDA, M.FERNANDA	
STREET ADDRESS	P O BOX 20022	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SILVA, BEATRIZ J	
STREET ADDRESS	P O BOX 20022	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatriz J. Silva	
STREET ADDRESS	6021 S. Dixie Hwy	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio M. Silva	
STREET ADDRESS	6021 S. Dixie Hwy	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Antonio M. Silva President (561.876-4940) 2-20-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #