

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90022 029 ***150.00

DOCUMENT # P03000011671

1. Entity Name

ALMARCO LAUNDROMAT, INC.



Principal Place of Business

6021 S. DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address

6021 S. DIXIE HWY
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

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

ANTONIO M. SILVA

Street Address (P.O. Box Number is Not Acceptable)

6021 S. DIXIE HWY

WEST PALM BEACH FL

City

FL

Zip Code

33405

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SILVA, ANTONIO M
STREET ADDRESS P O BOX 20022
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE VP ☐ Delete
NAME SILVA, BEATRIZ J
STREET ADDRESS 6021 S. DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE T ☐ Delete
NAME SILVA, ANTONIO M
STREET ADDRESS 6021 S. DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE SD ☐ Delete
NAME SILVA, BEATRIZ J
STREET ADDRESS P O BOX 20022
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05 561-5884933