

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000073264

1. Entity Name
FLORIDA AVE. COIN LAUNDRY, INC.



**FILED
Apr 11, 2005 8:00 am
Secretary of State**

04-11-2005 90163 001 ***150.00

Principal Place of Business

~~4220 FAIRWAY RUN~~
TAMPA, FL 33624

Mailing Address

~~4220 FAIRWAY RUN~~
TAMPA, FL 33624

2. Principal Place of Business

11070 Lynn Lake Circle

3. Mailing Address

11070 Lynn Lake Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

TAMPA, FL

Zip

Zip

33625

33625

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

BLUM, SAM
~~4220 FAIRWAY RUN~~
TAMPA, FL 33610

*11070 Lynn Lake Circle
Tampa, FL 33625*

Name

SAM BLUM

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

11070 Lynn Lake Circle

City

TAMPA

FL *33625*

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

Sam Blum

DATE

4-5-05

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

(NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: BLUM, SAM
STREET ADDRESS: ~~4220 FAIRWAY RUN~~
CITY-ST-ZIP: TAMPA, FL 33624

Delete

TITLE: D
NAME: SWARZMAN, HERBERT G
STREET ADDRESS: 4220 FAIRWAY RUN
CITY-ST-ZIP: TAMPA, FL 33624

Delete

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

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: SAM BLUM
STREET ADDRESS: *11070 Lynn Lake Circle*
CITY-ST-ZIP: *TAMPA, FL 33625*

Change

Addition

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

Change

Addition

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 like or lesser like empowered.

SIGNATURE: *Sam Blum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05 813-982-3764

Date

Daytime Phone #