

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2005 90163 001 ***150.00

DOCUMENT # P03000073264 1. Entity Name FLORIDA AVE. COIN LAUNDRY, INC.			
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 Suite, Apt. #, etc.		3. Mailing Address 11070 LYNN LAKE CIRCLE Suite, Apt. #, etc.	
City, State TAMPA, FL.		City, State TAMPA, FL.	
Zip 33625		Zip 33625	
Country USA		Country USA	
4. FEI Number 20-0204962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUM, SAM 4220 FAIRWAY RUN TAMPA, FL 33624 11070 LYNN LAKE CIRCLE TAMPA, FL. 33625		7. Name and Address of New Registered Agent 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 <u><i>Sam Blum</i></u> DATE 4-5-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLUM, SAM 4220 FAIRWAY RUN TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAM BLUM 11070 LYNN LAKE CIRCLE TAMPA, FL. 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SWARZMAN, HERBERT G 4220 FAIRWAY RUN TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.			
SIGNATURE: <u><i>Sam Blum</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-5-05 Daytime Phone # 813-962-3764	