2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

May 17, 2004 8:00 am Secretary of State DOCUMENT # P03000075842 04-26-2004 90534 031 ***150.00 1. Entity Name EBETT & FRANK COIN LAUNDRY, INC. Principal Place of Business Mailing Address 2350 W 60TH STREET HIALEAH FL 33016 2350 W 60TH STREET HIALEAH FL 33016 66422115 2. Principal Place of Business 3 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 6-0 736397 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, IGNACIO F 1950 SW 122ND AVENUE #409 MIAMI FL 33175 Street Address (P.O. Box Number is Not Acceptable) _______ City Zip Code 8. The above named entity subgrits 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 Ignacio F. Hemandez SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1: 2004 Fee will be \$550.00 Make Check Payable to Fiorida Department of State : 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, IGNACIO F NAME NAME 1850 TENDE 4557W 30 K UE STREET ADDRESS STREET ADDRESS HIALIAH FL33018 MITAINILEL 99175 CITY-ST-789 CITY-ST-ZIP ☐ Delete TITLE THE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MT: F ☐ Change ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MALLE MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition MALIF MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 hustee 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 all address, with all other like empowered. Ignacio F. Hamandi

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