

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 19 (P)
Apr 22, 200 (208:00 AM)
Secretary of State DOCUMENT # P03000094638 1. Entity Name BRENGAR COIN LAUNDRY, INC. Mailing Address Principal Place of Business 2110 PALM AVE 2110 PALM AVE HIALEAH, FL 33010 HIALEAH, FL 33010 No Chg-P CR2E034 (10/03) 01062005 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0248604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, LILIANA DO NOT WRITE 2110 PALM AVE HIALEAH, FL 33010 IN THIS SPACE 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, Registored Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Ádded to Fees OFFICERS AND DIRECTORS 10. DPVS TITLE GARCIA, LILIANA NAME 2110 PALM AVE STREET ADDRESS City-ST-ZIP HIALEAH, FL 33010 THLE NAME GARCIA, LILIANA 2110 PALM AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 HILL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE MAME STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP THE NAME STREET ADDRESS CITY - ST- ZIP

LILIANA GARCIA

(786) 295 1754