2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P0400018860 1. Entity Name KENDALL COIN LAUNDRY, INC.					04-26-2006 9	-			
Principal Place of Business 23001 SW 179 AVE MIAMI, FL 33170	ness Mailing Address 23001 SW 179 AVE MIAMI, FL 33170			· · .					
2. Principal Place of Business 15655 SW 88 St.	5 SW 88 St.								
Suite, Apt. #, etc.				03052006	Chg-P	CR2E03	4 (11/05)		
City & State Ami, FL	City & State			4. FEI Number 20-0790	462		No	plied For t Applicable	
33196 Cduntry USA	Zip Country			5. Certificate of	Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent					
GUETIS, YVONNE 23001 SW 179 AVE MIAMI, FL 33170			Street Address (P.O. Box Number is Not Acceptable)						
			Circot / total bos (at Address (1 . O. Dux Nulliber is Not Acceptable)					
			City				Zip Code	9	
The above named entity submits this statement for the purpose of changing its registere			l	ed agent, or both.	in the State of Flor	FL rida. Lam fa			
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									
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees					
10. OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI		_		
NAME GUEITS, CARMELO STREET ADDRESS 23001 SW 179 AVE	☐ Delete	TITLE					☐ Change		
CITY-ST-ZIP MIAMI, FL 33170			E EET ADDRESS -ST-ZIP				_	☐ Addition	
TITLE 29 D	☐ Delete	STRE CITY TITLE	ET ADDRESS -ST-ZIP				☐ Change	Addition	
NAME GUEITS, YVONNE STREET ADDRESS 23001 SW 179 AVE	☐ Delete	STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP E E E ET ADDRESS				☐ Change		
TITLE 23 D NAME GUEITS, YVONNE		STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP E E E E -ST-ZIP E -ST-ZIP					☐ Addition	
TITLE 3 D NAME GUEITS, YVONNE STREET ADDRESS 23001 SW 179 AVE CITY-ST-ZIP MIAMI, FL 33170	☐ Delete	STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP E E E -ST-ZIP E E E E E -ST-ZIP E				☐ Change		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

3/10/06

3053866598

Daytime Phone #