2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2005-90034-035-$150.00-$150.00

FILED
05 OCT 14 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000040296

1. Entity Name
LE PAVILLON LAUNDROMAT, INC.

Principal Place of Business	Mailing Address
14807 N.E. 6TH AVENUE NORTH MIAMI, FL 33162	14807 N.E. 6TH AVENUE NORTH MIAMI, FL 33162

07192005 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business		3. Mailing Address	
15160 N.E. 6 AVE		486 N.E. 167 ST.	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: No. MIAMI BEACH FL		City & State: No. MIAMI BEACH FL	
Zip: 33162	Country: U.S.A.	Zip: 33162	Country: U.S.A

4. FEI Number 76-0786167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCELLUS, KITT C 14807 N.E. 6TH AVENUE NORTH MIAMI, FL 33162	Name Street Address (P.O. Box Number is Not Acceptable) 486 N.E. 167 ST. City No. MIAMI BEACH, FL Zip Code 33162

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 accep the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PDS NAME MARCELLUS, KITT C. STREET ADDRESS 170 N.E. 158 STREET CITY-ST-ZIP BISCAYNE GARDENS, FL 33169	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

JR 10/18

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 7/19/05 (305) 244-346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #