
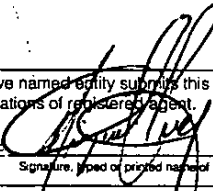
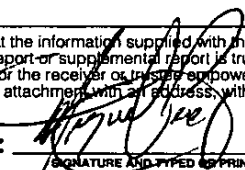


FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 013 ***550.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|--|---|---|
| DOCUMENT # P04000087185 | |  | |
| 1. Entity Name KILLIAN COIN LAUNDRY, INC. | | | |
| Principal Place of Business 10862 SW 104 STREET MIAMI, FL 33176 | | Mailing Address 10862 SW 104 STREET MIAMI, FL 33176 | |
| 2. Principal Place of Business 10862 SW 104 ST | | 3. Mailing Address 10862 SW 104 ST | |
| Suite, Apt. #, etc. MIAMI, FL | | Suite, Apt. #, etc. MIAMI, FL | |
| City & State | | City & State | |
| Zip 33176 | Country U.S.A. | Zip 33176 | Country U.S.A. |
| 4. FEI Number 201209941 | | 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 PEREZ, MIGUEL JR 12468 SW 220 ST MIAMI, FL 33170 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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  OWNER DATE 8.17.05 <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 \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | P PEREZ, MIGUEL 10862 SW 104 STREET MIAMI, FL 33176 <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 |
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| 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 all other like empowered. SIGNATURE:  DATE 8.17.05 DAYTIME PHONE # 786.251.3368 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |