


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90001 021 \*\*\*150.00

<b>DOCUMENT # P04000119780</b>	
1. Entity Name <b>MANATI CRYSTAL COIN LAUNDRY, INC.</b>	

Principal Place of Business <b>3935-10 TOLEDO RD JACKSONVILLE, FL 32217</b>	Mailing Address <b>3935-10 TOLEDO RD JACKSONVILLE, FL 32217</b>
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2. Principal Place of Business <b>3255 GLENDYNE DR. W.</b>	3. Mailing Address <b>3255 GLENDYNE DR. W.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FL. 32216</b>	City & State <b>JACKSONVILLE, FL. 32216</b>
Zip <b>32216</b>	Country <b>USA</b>
Zip <b>32216</b>	Country <b>USA</b>

40037000



06222006 Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1705779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MANATI, ENKELEON 3935-10 TOLEDO RD JACKSONVILLE, FL 32217</b>	7. Name and Address of New Registered Agent Name <b>MANATI, ENKELEON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3255 GLENDYNE DR. W.</b> City <b>JACKSONVILLE, FL 32216</b>
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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: Enkeleon Manati DATE: 6-22-06

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANATI, ENKELEON</b> <b>3935-10 TOLEDO RD</b> <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANATI, ENKELEON</b> <b>3255 GLENDYNE DR. W.</b> <b>JACKSONVILLE, FL. 32216</b> <input checked="" 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
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
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
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
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

12. I hereby certify that the information supplied with this filing 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: Enkeleon Manati Enkeleon Manati 6-22-06 904-994-4042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #