2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000124089

1. Entity Name GRACE'S COIN LAUNDRY & SERVICE, INC.



FILED Mar 21, 2006 8:00 am **Secretary of State**

03-21-2006 90029 015 ***150.00

Principal Place of Business

29355 SW 152ND AVE LEISURE CITY, FL 33033 Mailing Address

2400 SW 83 AVE

MIAMI, FL 33155 US TUDO42~



01062006

No Chg-P

CR2E034 (11/05)

4.	FEI Number					
	20-1553707					

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDIZABAL, GRACIELA 29355 SW 152ND AVE LEISURE CITY, FL 33033

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, lyped or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	, DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CHTY ST-ZIP	PD MENDIZABAL, GRACIELA 10865 SW 36 ST MIAMI, FL 33165				
TITLE	SD	_			
NAME STREET ADDRESS	BENITEZ, JUAN M 10865 SW 36 ST				
CITY-ST-ZIP	MIAMI, FL 33165				İ
TłTLE					
NAME					
STREET ADDRESS CITY-ST-ZIP				DΩ	NOT WRITE
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TITLE NAME				IN	THIS SPACE
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STREET ADDRESS					

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:

CITY-ST-ZIP

JUAN M. BEKITEL ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR