2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/5/2005-90120-009-$150.00-$150.00

FILED
05 SEP 20 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Roberts SEP 2 1 2005

DOCUMENT # P04000131162

1. Entity Name
JACKSON COIN LAUNDRY, CORP.

Principal Place of Business	Mailing Address
3774 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309 US	3774 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309 US

06272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	c/o Pepin Selaya & Co
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1071 Elizabeth Ave
City & State	City & State Elizabeth, N.J.
Zip / Country	Zip 07201 / Country U.S.A.

4. FEI Number 20-1795027 ☐ 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
MUNOZ, MYRIAM 3774 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309	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 ______________________
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	P MUNOZ, MYRIAM 3774 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MUNOZ, EXCEHOMO 3774 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800059772128 09/20/05--01012--016 **400.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Myriam Muñoz, Pres 6-27-05 (954)568-9691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #