

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

2003 3110 0005 9 FILED 469

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000131162

1. Entity Name
JACKSON COIN LAUNDRY, CORP.



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

Mailing Address
C/O PEPIN SELAYA & CO
1071 ELIZABETH AVE
ELIZABETH, NJ 07201



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1795027

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNOZ, MYRIAM
3774 NORTH ANDREWS AVENUE
OAKLAND PARK, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000408864
02/08/06-80078-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
MUNOZ, MYRIAM
3774 NORTH ANDREWS AVENUE
OAKLAND PARK, FL 33309

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
MUNOZ, EXCEHOMO
3774 NORTH ANDREWS AVENUE
OAKLAND PARK, FL 33309

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-06 (908) 353-1191