

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90176 043 \*\*\*158.75

|  |   |                     |   |  |  |
|--|---|---------------------|---|--|--|
| <b>DOCUMENT # P04000135567</b><br>1. Entity Name<br><b>LUNA COIN LAUNDRY CORP</b>  |   |                     |   |  |  |
| Principal Place of Business<br><b>9841 SW 145 AVE<br/>MIAMI FL 33186</b>   |   |                     |   | Mailing Address<br><b>9841 SW 145 AVE<br/>MIAMI FL 33186</b>                           |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |  |  |
| City & State   |   | City & State        |   |  |  |
| Zip  | Country   | Zip                 | Country   | 4. FEI Number <b>87-0733018</b><br>Applied For <input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |                     |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |   |                     | 7. Name and Address of New Registered Agent   |  |  |
| <b>ARGUELLO, EDMUNDO J<br/>9841 SW 145 AVE<br/>MIAMI FL 33186</b>  |   |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____   |   |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00.</b><br><b>After May 1, 2006 Fee Will Be \$550.00.</b><br><b>Make Check Payable to Florida Department of State.</b>   |   |                     |   |  |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |                     |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>ARGUELLO, EDMUNDO J<br/>9841 SW 145 AVE<br/>MIAMI FL 33186</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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. |   |                     |   |  |  |
| <b>SIGNATURE:</b> _____ <b>02/27/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |                     |   |  |  |



ATTACHMENT  
66006350

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2006

LUNA COIN LAUNDRY CORP  
9841 SW 145 AVE  
MIAMI, FL 33186

Subject: LUNA COIN LAUNDRY CORP

Reference Number: P04000135567

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sm

ANNUAL REPORTS SECTION