

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90013 029 \*\*\*150.00

<b>DOCUMENT # P05000039099</b>					
<b>1. Entity Name</b> MJDC COIN LAUNDRY, INC.					
<b>Principal Place of Business</b> <del>1032 NORTH A STREET</del> <del>LAKE WORTH, FL 33460</del>			<b>Mailing Address</b> <del>1032 NORTH A STREET</del> <del>LAKE WORTH, FL 33460</del>		
<b>2. Principal Place of Business</b> 7214 West McNabb Rd Suite, Apt. #, etc.			<b>3. Mailing Address</b> 6301 Landings Way Suite, Apt. #, etc.		
<b>City &amp; State</b> North Lauderdale, FL		<b>City &amp; State</b> Tamarac FL		<b>4. FEI Number</b> 11-3771855	
<b>Zip</b> 33068	<b>Country</b> Broward	<b>Zip</b> 33321	<b>Country</b> Broward	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MATEO, MILAGROS <del>1032 NORTH A STREET</del> <del>LAKE WORTH, FL 33460</del>				<b>7. Name and Address of New Registered Agent</b> Name: MATEO, MILAGROS Street Address (P.O. Box Number is Not Acceptable): 6301 Landings Way City: TAMARAC FL Zip Code: 33321	
<b>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.</b> SIGNATURE: <i>Milagros Mateo</i> President 3/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MATEO, MILAGROS <del>1032 NORTH A STREET</del> 6301 Landings Way <del>LAKE WORTH, FL 33460</del> TAMARAC, FL 33321	<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				
<b>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.</b>					
SIGNATURE: <i>Milagros Mateo</i> President 3/3/06 954-718-2214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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