

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90205 025 ***158.75

DOCUMENT # P05000070746

1. Entity Name
LORENA COIN LAUNDRY INC



Principal Place of Business
**4864 E 9 LN
HIALEAH, FL 33013**

Mailing Address
**4864 E 9 LN
HIALEAH, FL 33013**

2. Principal Place of Business - No P.O. Box #

541 E 40st

3. Mailing Address

541 E 40st



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007

Chg-P

CR2E034 (12/06)

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

20-2847637

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

33013

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROQUE, LORENA
4864 E 9 LN
HIALEAH, FL 33013**

7. Name and Address of New Registered Agent

Name

My Lai Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

541 E 40st

City

Hialeah

FL

Zip Code **33013**

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]

My Lai Rodriguez President

04/20/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROQUE, LORENA	
STREET ADDRESS	4864 E 9 LN	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	My Lai Rodriguez	
STREET ADDRESS	541 E 40st Hialeah, FL 33013	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manuel E. Rodriguez	
STREET ADDRESS	541 E 40st Hialeah, FL 33013	
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elicer Ulloa	
STREET ADDRESS	541 E 40st Hialeah, FL 33013	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

[Signature]

(305) 836-0205

4/20/07