

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000048169

1. Entity Name
ANTHONY LAUNDRY, INC.



Principal Place of Business
**1612 NE 163 STREET
NORTH MIAMI, FL 33179 US**

Mailing Address
**19540 NE 26 AVENUE
NORTH MIAMI BEACH, FL 33180 US**



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128680

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTH, SCOTT A ATTY
9999 NE 2 AVENUE
SUITE 300
MIAMI SHORES, FL 33131**

**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)

U000000958407

08/25/08 00007 025 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LAHOUD, JACQUES
19540 NE 26 AVENUE
NORTH MIAMI BEACH, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LAHOUD, FRANCOIS
19540 NE 26 AVENUE
NORTH MIAMI BEACH, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECY
LAHOUD, ANDRES
19540 NE 26 AVENUE
NORTH MIAMI BEACH, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES
JACQUES LAHOUD**

8-20-08 305-244-0839