

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000060423

1. Entity Name
PALM BEACH LAUNDRY, INC.



Principal Place of Business
217 SOUTHERN BLVD
WEST PALM BEACH, FL 33405

Mailing Address

217 SOUTHERN BLVD
WEST PALM BEACH, FL 33405

**FILED
May 21, 2008 8:00 am
Secretary of State**

05-21-2008 90028 034 ***150.00

60044501



04122008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0230276	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MUNOZ, EDGAR A
217 SOUTHERN BLVD
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MUÑOZ, EDGAR A
STREET ADDRESS 217 SOUTHERN BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33405

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE D
NAME POOLE, BERTHA P
STREET ADDRESS 217 SOUTHERN BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33405

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Bertha P. Poole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-08

Date

Daytime Phone #