


# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P08000015327	
1. Entity Name MARIA LAUNDRY SERVICE INC	

FILED  
11 JUN -1 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 7921 Miramar Pkwy	3. Mailing Address 7921 Miramar Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miramar, FL	City & State Miramar, FL
Zip 33023	Country
Zip 33023	Country

CR2E034B (1/11)

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			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent			
Name MARIA EDEN			
Street Address (P.O. Box Number is Not Acceptable)			
7921 Miramar Pkwy			
City MIRAMAR		FL	Zip Code 33023

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 re-issuing)

DATE

January 1 - May 1: Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

E-mail Address:  
besttax1040@yahoo.com  
E-mail address to be used for future annual report notices.

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Maria Eden
STREET ADDRESS	7921 Miramar Pkwy
CITY-ST-ZIP	Miramar, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.05 F.S.

SIGNATURE:

MARIA EDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/19/11 (305) 949-3873