2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P95000044674 04-29-2004 90206 014 ***150.00 1. Entity Name ROYAL COIN LAUNDRY, INC. Principal Place of Business Mailing Address 34070377 556 GATEWAY BLVD. 133 CORTES AVE **BOYNTON BEACH, FL 33435** ROYAL PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address 62ND Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04262004 Chg-P City & State City & State 4. FEI Number Applied For 65-0591265 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE JESUS, MARGARET Street Address (P.O. Box Number is Not Acceptable) 133 CORTES AVE ROYAL PALM BEACH, FL 33411 City Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition DEJESUS, MARGARET NAME NAME STREET ADDRESS 133 CORTES AVE. STREET ADDRESS CITY-ST-7IP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition DE JESUS, MARGARET NAME NAME STREET ADDRESS 133 CORTES AVE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DE JESUS, QUINTIN -- -NAME ---STREET ADDRESS 133 CORTES AVE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.