## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # P95000044674** 1. Entity Name ROYAL COIN LAUNDRY, INC. Principal Place of Business Mailing Address 556 GATEWAY BLVD. 11714 62ND LN N BOYNTON BEACH, FL 33435 WEST PALM BEACH, FL 33412 04182007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0591265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE JESUS, MARGARET DO NOT WRITE 11714 62ND LANE N WEST PALM BEACH, FL 33412 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000727624 Trust Fund Contribution. Added to Fees 05/04/07-80055-002 150.00 10. OFFICERS AND DIRECTORS TITLE NAME DEJESUS, MARGARET STREET ADDRESS 11714 62ND LANE NORTH CITY-ST-ZIP WEST PALM BEACH, FL 33412 MLE DE JESUS, MARGARET NAME STREET ADDRESS 11714 62ND LANE NORTH CITY-ST-ZIP WEST PALM BEACH, FL 33412 TITLE DE JESUS, QUINTIN NAME 11714 62ND LANE NORTH STREET ADDRESS DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL 33412 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: \_\_\_\_\_\_\_\_\_\_\_\_

NAME STREET ADORESS CITY-ST-ZIP

SECNATURE AND TYPED OR PRINTED NAME OF REGION OFFICER OR DIRECTOR

QUINTIN DE JESUS

4/18/07

(561) 791-384

**FILED**