## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 30, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P96000080541 1. Entity Name MIMA'S COIN LAUNDRY, INC. Principal Place of Business Mailing Address 570 EAST 49TH STREET 570 EAST 49TH STREET HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) City & State City & State 4. FEì Number Applied For 65-0699508 Not Applicable Zíp Zip Country 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 Name SOSA, LISBET B Street Address (P.O. Box Number is Not Acceptable) 570 EAST 49TH STREET HIALEAH, FL 33013 City 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 idle if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Б/Л Delete TITLE TITLE Change Addition SOSA, JOSE R NAME NAME STREET ADDRESS 570 EAST 49TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition U00000348485 05/02/05-80027-002 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Defete 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 CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME

12. Thereby certify that the information supplied with this filing toos not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is fue 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone I