....2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 08:00 AM

DOCUMENT # P97000025109 1. Entity Name HOLLYWOOD COIN LAUNDRY & CLEANERS, INC.				Secretary of S	state
4500 GRIFF	ce of Business ⁻ IN ROAD D, FL 33314	Mailing Address 4500 GRIFFIN ROAD HOLLYWOOD, FL 33314		משוועם אועם אוען לפווע נעשון בוועם וועשם וועשם אוועם	11 JUNE
DO NOT WRITE IN THIS SPAC				01182005 No Chg-P CR2E034 (10/03) 4. FEI Number Applie Not Applie Not Applie 65-0736172 Not Applie 5. Certificate of Status Desired \$8.75 Addition Fee Required	plicable
6. Name and Address of Current Registered Agent O'BRIEN, JOHN 4500 GRIFFIN ROAD HOLLYWOOD, FL 33314				DO NOT WRITE IN THIS SPACE	
S. 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 NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be ded to Fees U00000243677 02/25/05-80051-015 150	nn
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P O'BRIEN, JOHN 4500 GRIFFIN RD HOLLYWOOD, FL 33314	IRECTORS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			magan sanaaning gayar biyyaraha makka		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		
12. I hereby certify that the information supplied with this filling 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.					
SIGNATURE: John Obrico PRESIDENT 2-18-05 954-806-2222 SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE Date Date Date Deviation Priorie #					