2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000038050

1. Entity Name
MIAMI COIN LAUNDRY CORP.

Principal Place of Business
1901 W FLAGLER STREET
MIAMI, FL 33135

Mailing Address
1901 W FLAGLER STREET
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0751169

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RAUL
1901 W FLAGLER STREET
MIAMI, FL 33135

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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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, RAUL
STREET ADDRESS	2501 S.W. 21 STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VD
NAME	GONZALEZ, RAUL JR
STREET ADDRESS	2501 S.W. 21 STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VPD
NAME	GONZALEZ, DANIEL
STREET ADDRESS	2501 S.W. 21 STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD
NAME	GONZALEZ, GLADYS
STREET ADDRESS	2501 S.W. 21 STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	V
NAME	GONZALEZ, NITZA
STREET ADDRESS	1901 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/04-80019-003 150.00

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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.

SIGNATURE: Nitza Gonzalez VP 305-644-1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #