

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 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



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 02/17/05-80060-016 150.00
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does 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 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 2-11-05 305-644-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #