

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090515

Entity Name: THE LAUNDR-O-MAT, INC.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

5317 W 20 AVENUE  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

1655 WEST 39TH PLACE  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 65-0789380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALECKA, MICHAEL R  
1655 WEST 39TH PLACE  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: MALECKA, ROSLYN R  
Address: 11895 OAK LEAF DRIVE  
City-St-Zip: DAVIE, FL 33330

Title: P/S ( ) Delete  
Name: MALECKA, MICHAEL R SR  
Address: 11895 OAK LEAF DR  
City-St-Zip: DAVIE, FL 33330

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. MALECKA

PRES

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date