2004 FOR PROFIT CORPORATION

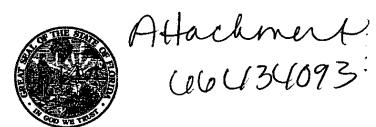
Sep 24, 2004 8:00 am Secretary of State 8/30 ANNUAL REPORT 08-30-2004 90012 007 ***150.00 **DOCUMENT # P98000072539** BEACH LAUNDROMAT, INC. 00404020 Principal Place of Business Mailing Address 110 NO. ORLANDO AVE: 110 NO. ORLANDO AVE. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 No Chg-P 08092004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3514605 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent COMPAYRE, MAURICE J DO NOT WRITE 110 NO. ORLANDO AVE. COCOA BEACH, FL 32931 IN THIS SPACE 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 neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME COMPAYRE, MAURICE J 130 NO. INDIAN CIRCLE STREET ADORESS CITY-ST-ZIP COCOA, FL 32922 NAME COMPAYRE, KEVIN M 130 NO. INDIAN CIRCLE STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALIF STREET ADORESS

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-time empowered.

CITY-ST-ZIP

Mar SIGNATURE! SIGNATURE AND TYPED OR PRINTED NAME OF SIGNERO OF

FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 2, 2004

BEACH LAUNDROMAT, INC. 110 NO. ORLANDO AVE. COCOA BEACH, FL 32931

Subject: BEACH LAUNDROMAT, INC.

Reference Number

P98000072539

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ML ·

ANNUAL REPORTS SECTION

P98500072539

August 26, 2004

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Att: Barbana Mitchell Document Specialist

Dear Miss Mitchell:

Per your letter of August 9th, please find enclosed (opy of August 9th letter, check in the amount of \$150.00 and the bottom portion of document which was originally sent to you.

We did wend this document as you returned the bottom half of the document.

If you need any other information, please feel free to contact me.

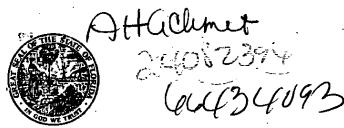
Very truly yours,

Beach Laundromat, Inc.

Owner

Maries Compaque

Encl.



Letter Number: 104A00049286

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 9, 2004

BEACH LAUNDROMAT, INC. 110 NO. ORLANDO AVE. COCOA BEACH, FL 32931

SUBJECT: BEACH LAUNDROMAT, INC. Ref. Number: P98000072539

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There is a balance due of \$400.00. If a certificate of status is desired, please add an additional \$8.75

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

An officer or director must sign the report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell Document Specialist

NAME ALLE MANA PAY TO THE ORDER OF SIGNATURE: I hereby certify that the information supplied of indicated on this report or supplemental report of the curporation or the neceiver or fusite er of the curporation or the neceiver or fusite er changed, or on an attachment with an address CITY-51-20 Ě STREET ADDRESS 픮 CITY-ST-ZIP STREET ADDRESS CUTY-51-20P STREET ADDRESS (III-51-D) WACHOVIA ACH BY 083107513 this filing does not qualify for the exemption stated in Section 118.07(3)(j), Florida Statutes, I further certify that the information strue and accurate and that my signature shall have the same legal effect as if made under path that am an officer or director that a statute in the legal of the control HE SUM TO TO THE SUM Delete D Date: 四 四 四 OFFICER OR DIRECTOR STREET ADDRESS . Cl. E-21-210 3 NAME: E A CITY-ST-ZIP ž. CTTV - ST - ZIP Ħ STREET ALSO STREET ADDRESS town to the second Ŋ DOLLARS 5217842545 D Change Addition Ð ☐ Addition Addition