## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90177 015 \*\*\*150.00 DOCUMENT # P98000099226 BIG DOG COIN LAUNDRY INC. Principal Place of Business Mailing Address 40069612 397 N ROYAL POINCIANA BLVD 397 N ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1009730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE CARDENAS, JORGE DO NOT WRITE 389 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166 IN THIS SPACE 8. The above named en it is 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DE CARDENAS, JORGE NAME 397 N. RÖYAL POINCIANA BLVD. STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 chapter 607 or on an attachment with an address, with all other tike empowered.

SIGNATURE: 🔼

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(3 ct) (84-5200