

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90044 013 \*\*\*150.00

<b>DOCUMENT # P99000010337</b> 1. Entity Name <b>LAUNDRY PARTNERS, INC.</b>					
Principal Place of Business <b>8370 BISCAYNE BLVD MIAMI, FL 33138</b>			Mailing Address <b>7501 EAST TREASURES DRIVE SUITE 2T NORTH BAY VILLAGE, FL 33141</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0901858</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAMOS, JORGE H ESQ 150 ALHAMBRA CIRCLE SUITE 1150 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>ZUNIGA, OSCAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7501 EAST TREASURE DRIVE #2-T</b> City <b>NORTH BAY VILLAGE FL</b> Zip Code <b>33141</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>03-05-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
PSD <b>ZUNIGA, OSCAR</b> <input type="checkbox"/> Delete STREET ADDRESS <b>7501 EAST TREASURES DRIVE, SUITE 2T</b> CITY-ST-ZIP <b>NORTH BAY VILLAGE, FL 33141</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

I 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 I am, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PRESIDENT** **03-05-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR