2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

DOCUMENT # \$11237 1. Entity Name LAUNDRY WORKS INC.				Apr 06, 2006 08:00 AM Secretary of State
Principal Place of Business		Mailing Address		
PO BOX 653433 MIAMI FL 33265 US		PO BOX 653433 - MIAMI FL 33265 US		
2. Principal Place of Business		3. Mailing Address	,	C
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 65-0224902 Applied For Not Applied For
	Country	Zip	Country	Certificate of Status Desired
<u> </u>	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
VEGA, FERNANDO 3520 S.W. 123RD COURT MIAMI FL 33175				P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered affice 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 allo if approache (NOTE Registered Agent expreture remoted when reviolating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Electron Campaign Financing \$5.00 May: Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		tt.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VEGA, FERNANDO 3520 S.W. 123RD COURT MIAMI FL	Delote	TILLE NAME STREET ADDRESS CHY-ST-ZP	□ Change □ ACCC U00000494920 04/20/06-80064-017 150.00
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TITLE NAME STREET ADDRESS G(TY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Detete	TATLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A.****
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AUDRESS CITY-SI-ZIP	☐ Change ☐ Activ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 direction 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 1 if changed, or on an attractment with an address, with all other like empowered.				
SIGNATURE: Ferance O VOGA 4-1-06 305-225-245				

Feranso VOSA 4-1-06

FILED