

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90099 031 \*\*\*150.00

**DOCUMENT # S12534**

1. Entity Name  
**SUMMIT COIN LAUNDRY, INC.**



Principal Place of Business  
**1039 DREXEL ROAD  
WEST PALM BEACH, FL 33417 US**

Mailing Address  
**1039 DREXEL RD  
WEST PALM BEACH, FL 33417 US**

40109070



**DO NOT WRITE IN THIS SPACE**

03232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0231197**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ZUCARO, ALFRED, JR.  
325 CLEMATIS ST  
SUITE B  
WEST PALM BEACH, FL 33401**

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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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
KHAN, RAPHEMAN  
5029 BRECKENRIDGE PL. #13  
WEST PALM BEACH, FL 33417**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
KHAN, ZORIDA-SATTUAR  
5029 BRECKENRIDGE PL #13  
WEST PALM BEACH, FL 33417**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: RAPHEMAN KHAN 27<sup>th</sup> APRIL 2007 561-684-0416.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #