


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S14686</b> 1. Entity Name <b>CORAL GABLES COIN LAUNDRY, INC.</b>	
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Principal Place of Business <b>1406 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>	Mailing Address <b>1406 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0231567</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SAENZ, C. MICHAEL 111 SALAMANCA CORAL GABLES, FL 33134</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SAENZ, C. MICHAEL C. 111 SALAMANCA CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SAENZ, MARGARET F. 116 SAN SEBASTIAN CORAL GABLES, FL</b>
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05/21/04-80005-014 150.00

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 like empowered.

**SIGNATURE:**  **PRESIDENT** **5/19/04** **(305) 443-1110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #