

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 AUG -3 11 8 41

SECRET
TALLAHASSEE, FL 32301

DOCUMENT # S14686

1. Entity Name
CORAL GABLES COIN LAUNDRY, INC.



Principal Place of Business
1406 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
1406 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

06/20/05 90001 074 180.



07292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0231567
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAENZ, C. MICHAEL
111 SALAMANCA
CORAL GABLES, FL 33134

**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 *[Signature]*
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

07-30-05

**FILE NOW! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SAENZ, C. MICHAEL C.
STREET ADDRESS 111 SALAMANCA
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S
NAME SAENZ, MARGARET F.
STREET ADDRESS 116 SAN SEBASTIAN
CITY-ST-ZIP CORAL GABLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SAENZ

Date

07-30-05

Daytime Phone #

305-445-1975

AS PER YOUR REQUEST: This is the second copy sent to you
the first mailing did not show
SECTION #12.
THANK YOU.