
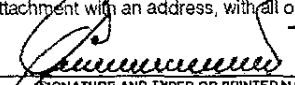


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V68746</b> 1. Entity Name SOUTHERN BOULEVARD LAUNDROMAT, INC.					
Principal Place of Business 217 SOUTHERN BLVD. WEST PALM BEACH FL 33405			Mailing Address 217 SOUTHERN BLVD. WEST PALM BEACH FL 33405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROJAS, GUILLERMO 2830 FOXHALL DRIVE EAST WEST PALM BEACH FL 33417			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ROJAS, GUILLERMO		NAME	U00000236596	
STREET ADDRESS	2830 FOXHALL DR. EAST		STREET ADDRESS	04/09/05-80075-016 150.00	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	VALENCIA, MIREYA		NAME		
STREET ADDRESS	1091-A SUMMIT PLACE CIR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	TRINIDAD, ROCIO		NAME		
STREET ADDRESS	7625 CLARK RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Guillermo Rojas</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-5-05 561-683-3300 <small>Date Daytime Phone #</small>		