


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90315 015 ***158.75

DOCUMENT # K64741	
1. Entity Name MINVEST CORPORATION	

Principal Place of Business 16300 NE 19 AVENUE 225 NORTH MIAMI BEACH, FL 331 US	Mailing Address 16300 NE 19 AVENUE 225 NORTH MIAMI BEACH, FL 331 US
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14000277



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0168230	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, NILSON
 16300 NE 19 AVENUE
 NORTH MIAMI BEACH, FL 331

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD MARQUEZ, NILSON 16300 NE 19th AVE #225 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BONFIGLIOLI, RODOLFO 16300 NE 19th AVE #225 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BONFIGLIOLI, ALBERTO 16300 NE 19th AVE #225 MIAMI, FL 33162
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:  04/22/05 305 949 6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #