

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165993

**FILED**  
**Jun 30, 2012**  
**Secretary of State**

**Entity Name:** MIND PROFESSIONAL SERVICES INC.

**Current Principal Place of Business:**

18555 COLLINS AVE  
SUITE 159  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

18801 COLLINS AVE  
SUITE 102-159  
SUNNY ISLES, FL 33160 US

**Current Mailing Address:**

18555 COLLINS AVE  
SUITE 159  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

18801 COLLINS AVE  
SUITE 102-159  
SUNNY ISLES, FL 33160 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

E., V.  
18555 COLLINS AVE  
SUITE 159  
SUNNY ISLES, FL 33160 US

**Name and Address of New Registered Agent:**

E., V.  
18801 COLLINS AVE  
SUITE 102-159  
SUNNY ISLES, FL 33160 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

06/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: E., V.  
Address: 18801 COLLINS AVE  
City-St-Zip: SUITE 102-159, FL 33160 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: E V

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

06/30/2012

\_\_\_\_\_  
Date