

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # P13000098342
1. Entity Name
MN Security Corp



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2. Principal Place of Business - No P.O. Box #
10625 Shady Preserve Dr
Suite, Apt. #, etc.

3. Mailing Address
10625 Shady Preserve Dr.
Suite, Apt. #, etc.

City & State
Riverview FL
Zip
33579
Country
USA

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Riverview FL
Zip
33579
Country
USA

4. FEI Number
I DON'T HAVE
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

CR2E034B (1/11)

FILED
SECRETARY OF STATE
14 JUN 26 2014

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7. Name and Address of Current Registered Agent
Name
MAURO NOGUEIRA
Street Address (P.O. Box Number is Not Acceptable)
10625 Shady Preserve Dr.
City
Riverview FL
Zip Code
33579

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 re-instating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
MNSECURITY@hotmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President mauro NOGUEIRA 10625 Shady Preserve Dr Riverview FL 33579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/26/14--01035--011 **150.00

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IN THIS SPACE**

10/27/14

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Mauro Nogueira
DATE: 6-18-2014
Daytime Phone #: 563-564-0772