

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000155351

**Entity Name:** MNS2 ENTERPRISES INC

**Current Principal Place of Business:**

5025 SOLAR POINT DRIVE  
GREENACRES, FL 33463

**Current Mailing Address:**

POST OFFICE BOX 541258  
GREENACRES, FL 33454 US

**FEI Number:** 20-1895517

**Certificate of Status Desired:** No

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

SANDRA, SEETARAM  
5025 SOLAR POINT DRIVE  
GREENACRES, FL 33463 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | P                      | Title           | VP                     |
| Name            | SEETARAM, SANDRA       | Name            | SEETARAM, MANDATH      |
| Address         | 5025 SOLAR POINT DRIVE | Address         | 5025 SOLAR POINT DRIVE |
| City-State-Zip: | GREENACRES FL 33463    | City-State-Zip: | GREENACRES FL 33463    |

*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:** SANDRA SEETARAM

**PRESIDENT**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date