

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 499051 1. Entity Name MINOR CONSULTANTS, INC.	
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Principal Place of Business C/O ARNOLD HABER 10155 COLLINS AVE, #1007 MIAMI BEACH, FL 33154	Mailing Address C/O ARNOLD HABER 10155 COLLINS AVE, #1007 MIAMI BEACH, FL 33154
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1656583	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HABER, ARNOLD
10155 COLLINS AVENUE #1007
BAL HARBOUR, FL 33154**

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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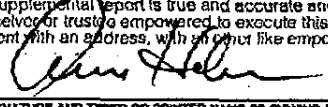
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HABER, MR. ARNOLD 10155 COLLINS AVE #1007 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HABER, MRS. ESTELLE 6055 COLLINS AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAMERON, KAREN 9704 CAROUSEL CIRCLE N. BOCA RATON, FL 334343929
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEVANSKY, SUSAN 9491 LAKE SERENA DR. BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/28/06-80009-021 150.00

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an input like empowered.

SIGNATURE:  **3/14/06** **305 865-5660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #