

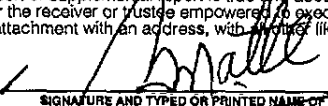


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F91233</b> 1. Entity Name MINAL, INC.			
Principal Place of Business 906 E BRANDON BLVD BRANDON, FL 33511		Mailing Address 906 E BRANDON BLVD BRANDON, FL 33511	
<b>DO NOT WRITE IN THIS SPACE</b>		 02272005    No Chg-P    CR2E034 (10/03)	
4. FEI Number 59-2202447		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CHAMPAK, PATEL 906 E BRANDON BLVD BRADON, FL 33511		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	PD		
NAME	PATEL, CHAMPAK		
STREET ADDRESS	906 E BRANDON BLVD		
CITY-ST-ZIP	BRANDON, FL 00000,		
TITLE	D		
NAME	PATEL, KHANDU		
STREET ADDRESS	906 E BRANDON BLVD		
CITY-ST-ZIP	BRANDON, FL 00000,		
TITLE	DS		
NAME	PATEL, VASANT		
STREET ADDRESS	906 E BRANDON BLVD		
CITY-ST-ZIP	BRANDON, FL 00000,		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 another like empowered.			
SIGNATURE: 		3/15/05    813-689-1261	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date    Daytime Phone #</small>	