

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90567 028 \*\*\*150.00

**DOCUMENT # K30405**

1. Entity Name

MINTI, INC.



Principal Place of Business

C/O A. GAVIRIA  
1201 PLACETAS AVENUE  
CORAL GABLES FL 33146

Mailing Address

C/O A. GAVIRIA  
1201 PLACETAS AVENUE  
CORAL GABLES FL 33146

24055073



MOORE CR2E034 (11/03)

2. Principal Place of Business

789 GARDEN BLVD  
APT. # 504  
KEY BISCAYNE, FL  
33149 Country

3. Mailing Address

789 GARDEN BLVD  
APT. # 504  
KEY BISCAYNE, FL  
33149 Country

4. FEI Number 65-0083987

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO B PA  
1390 BRICKELL AVENUE, SUITE 200  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: ANDRES GAVIRIA  
Street Address (P.O. Box Number is Not Acceptable): 1201 PLACETAS AV  
City: CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

A. GAVIRIA

4.19.04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GAVIRIA, ANDRES	
STREET ADDRESS	1201 PLACETAS AVENUE	
CITY-ST-ZIP	CORAL GABLES FL: 33146	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	ANGEL, GUSTAVO G	
STREET ADDRESS	1201 PLACENTAS AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARETH HOLBY	
STREET ADDRESS	1201 PLACETAS AV	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A. GAVIRIA 4.19.04 (305) 665.5174