


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001624	
1. Entity Name MINA, L.L.C.	

Principal Place of Business 591 BELTED KINGFISHER DRIVE N. PALM HARBOR, FL 34683	Mailing Address 591 BELTED KINGFISHER DRIVE N. PALM HARBOR, FL 34683
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3693708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756

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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 _____


Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HANNA, ASHRAF 591 BELTED KINGFISHER DRIVE N. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIKHAIL, MAGUED 591 BELTED KINGFISHER DRIVE N. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HANNA, MIRANDA 591 BELTED KING FASHION DR. N PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HIKHAIL, CHRISTIAN G 591 BELTED KING FASHION DR. N PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000350025
05/02/05-80087-023 50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  MAGUED MIKHAIL	Date: 4/27/05	Daytime Phone #: 727 7879297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		