

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L20661

1. Entity Name
MINILIK REMP, INC.



Principal Place of Business
**5728 MAJOR BLVD
SUITE 601
ORLANDO, FL 32819 US**

Mailing Address
**5728 MAJOR BLVD
SUITE 601
ORLANDO, FL 32819 US**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2969934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KHATIB, RASHID A
5728 MAJOR BLVD STE 601
ORLANDO, FL 32819**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KHATIB, RASHID A.
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VPD
NAME	PETROCELLI, JOHN
STREET ADDRESS	234 UPTON ST.
CITY-ST-ZIP	STATEN ISLAND, NY 10304
TITLE	VPTD
NAME	KAVOUNAS, EDMOND
STREET ADDRESS	99 BIRCH LN
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	DS
NAME	DIAB, MOHAMMED
STREET ADDRESS	5728 MAJOR BLVD., STE 174
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80046-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 #