2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M96259

1. Entity Name

MINEO & FAMILY ENTERPRISES, INC.



Principal Place of Business

10661 GULF BLVD. TREASURE ISLAND, FL 33706 Mailing Address

C/O BROIDA & MCKINNEY, PA 605 75TH AVE.

ST. PETERSBURG BEACH, FL 33706 US

FILED Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90065 019 ***150.00

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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2920660

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROIDA & MCKINNEY, PA C/O S. KEITH MCKINNEY, JR. 605 75TH AVE. ST. PETERSBURG BEACH, FL 33706

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	urpose of changing its registe	red office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	_
SIGNATURE_	·					
-	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registe	ed Agent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				ļ
10.	OFFICERS AND DIREC	TORS]			_
TITLE	DPO	··· ···	Ī			ļ
NAME	MINEO, ANTONINO					
STREET ADDRESS	7133 37TH AVENUE, NORTH		1			
CITY-ST-ZIP	ST. PETERSBURG, FL					
TITLE	DSTO		1			
NAME	MINEO, GIUSEPPA I		1			
STREET ADDRESS	7133 37TH AVENUE, NORTH					
CITY-ST-ZIP	ST. PETERSBURG, FL					
TITLE	VPO	-	l			
NAME	AMENTA, LAURA		l l			
STREET ADDRESS	3009 BOCA CIEGA DR		1	DO	NOT WRITE	
C!TY-ST-ZIP	SAINT PETERSBURG, FL 33710			ЪО	NOI WALLE	
TITLE	VP		1	IN '	THIS SPACE	
NAME	MINEO, STEFANO A			11.4	THIS OF AGE	
STREET ADDRESS	8026 28TH AVE N					
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710					
TATLE	VP		J			
NAME	CALI, INES					
STREET ADDRESS	6301 58TH ST N #501		I			
CITY-ST-ZIP	PINELLAS PARK, FL 33781		1			

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WIO WIRD MIRE TO

1-24.07

727-367.5744

Daytime Phone #