

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000959

FILED
Apr 29, 2005
Secretary of State

Entity Name: MNN, INC.

Current Principal Place of Business:

27 W. SUNRISE AVE.
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

27 W. SUNRISE AVE.
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 01-0665255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANA, LEONEL A
27 W. SUNRISE AVE.
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARANA, LEONEL A
Address: 27 W. SUNRISE AVE.
City-St-Zip: CORAL GABLES, FL 33133

Title: T () Delete
Name: PICHARDO, EDUARDO
Address: 725 CURTIS PARKWAY, #4
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: S () Delete
Name: ELIZONDO, BENJAMIN
Address: 14332 SW 103 ST
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: BENARD, ROBERTO
Address: 11540 S.W. 92 STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FONSECA, OSCAR
Address: 14250 S.W. 72 AVE.
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: ZELEDON, SERGIO B
Address: 15955 S.W. 81 ST.
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PEREZ, REINALDO
Address: 14448 SW 94 LANE
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONEL A ARANA

RA

04/29/2005

Electronic Signature of Signing Officer or Director

Date