

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N93000004372

1. Entity Name

MINICOL CORP.



Principal Place of Business

Mailing Address

1000 PONCE DE LEON BLVD
SUITE 119
CORAL GABLES FL 33134

1000 PONCE DE LEON BLVD
SUITE 119
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0442404

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARANGO, MARIO
1000 PONCE DE LEON BLVD
STE 119
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ARANGO, MARIO
STREET ADDRESS 13271 SW 17 LANE APT 3
CITY-STATE-ZIP MIAMI FL 33175

TITLE VPD ☐ Delete
NAME GONZALEZ, NORALBA
STREET ADDRESS 7372 SW 16 ST
CITY-STATE-ZIP MIAMI FL 33155

TITLE SD ☐ Delete
NAME GONZALEZ, JORGE
STREET ADDRESS 7372 SW 16 ST
CITY-STATE-ZIP MIAMI FL 33155

TITLE TD ☐ Delete
NAME ARRANGO, RITA
STREET ADDRESS 13271 SW 17 LANE APT 3
CITY-STATE-ZIP MIAMI FL 33175

TITLE D ☐ Delete
NAME LECOMTE, LEANLUC
STREET ADDRESS 9783 NW 30TH ST
CITY-STATE-ZIP DORAL FL 33172-1081

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

MARIO ARANGO

MARIO ARANGO

04-25-07

305 444-9096