

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004372

FILED
Apr 30, 2008
Secretary of State

Entity Name: MINICOL CORP.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD
SUITE 119
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1000 PONCE DE LEON BLVD
SUITE 119
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0442404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARANGO, MARIO
1000 PONCE DE LEON BLVD
STE 119
CORAL GABLES, FL 33134 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: PD () Delete
Name: ARANGO, MARIO
Address: 13271 SW 17 LANE APT 3
City-St-Zip: MIAMI, FL 33175

Title: VPD () Delete
Name: GONZALEZ, NORALBA
Address: 7372 SW 16 ST
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: GONZALEZ, JORGE
Address: 7372 SW 16 ST
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: ARRANGO, RITA
Address: 13271 SW 17 LANE APT 3
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: LECOMTE, LEANLUC
Address: 9783 NW 30TH ST
City-St-Zip: DORAL, FL 331721081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: RITA ARANGO

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date