## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 13, 2005 08:00 AN DOCUMENT # P00000043793 **Secretary of State** MINTEL TECHNICAL SERVICES, INC. Principal Place of Business Mailing Address 8700 KENWOOD ROAD 8700 KENWOOD ROAD SEMINOLE, FL 33777-3116 SEMINOLE, FL 33777-3116 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Аррінед For 4. FEI Number 56-3639225 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MINACA, ISAAC G DO NOT WRITE 8700 KENWOOD ROAD SEMINOLE, FL 33777-3116 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 Signature, typed or perilide name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. RILE MINACA, ISAAC G NAME 8700 KENWOOD ROAD STREET ADDRESS SEMINOLE, FL 337773116 CITY - ST - ZIP U00000301557 04/13/05-80035-016 150.00 RILLE NAME STREET ADDRESS CITY - ST - ZIP ##TLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY ST ZIP BBE NAME STREET ADDRESS COTY - ST - ZOP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

MRESIDENT

ISAAC MIWACA

NING OFFICER OR DIRECTOR

**FILED**