


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P01000005727</b>                      |  |  |
| 1. Entity Name<br><b>MINERVINI ENTERPRISE, INC.</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>860 W. INDUSTRIAL AVE STE #1114<br/>BOYNTON BEACH FL 33426</b> | Mailing Address<br><b>860 W. INDUSTRIAL AVE STE #1114<br/>BOYNTON BEACH FL 33426</b> |
|--|--|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/05)

4. FEI Number **65-1069709** ☐ 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        |  |
| <b>MINERVINI, DOUGLAS A<br/>236 CASTLEWOOD DR.<br/>202<br/>NORTH PALM BEACH FL 33408</b> |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | Zip Code <b>FL</b>                                 |  |

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 *Douglas A. Minervini* **APRIL 26, 2006**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

| 10. OFFICERS AND DIRECTORS |                           |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |  |
|----------------------------|---------------------------|---------------------------------|--|---|--|---|--|
| TITLE                      | DP                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MINERVINI, DOUGLAS A      |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 236 CASTLEWOOD DR, #202   |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            | NORTH PALM BEACH FL 33408 |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                           |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            |                           |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                           |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            |                           |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                           |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            |                           |                                 |  | CITY - ST - ZIP                                       |  |   |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                           |                                 |  | STREET ADDRESS  |  |   |  |
| CITY - ST - ZIP            |                           |                                 |  | CITY - ST - 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 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: *Douglas A. Minervini* **APRIL 26, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #