


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90026 010 ***150.00

DOCUMENT # P02000008352	
1. Entity Name MININ & SONS ENTERPRISE, INC.	

Principal Place of Business 4344 FLORA VISTA DR ORLANDO, FL 32837	Mailing Address 4344 FLORA VISTA DR ORLANDO, FL 32837
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9250 N. Lake Pkway #114 Orlando, FL 32827

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMAN, RICARDO
9250 Northlake Pkway #114 Orlando, FL 32827

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAN, RICARDO <i>4344 FLORA VISTA DR 9250 Northlake Pkway #114 Orlando, FL 32827</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMAN, DAMARIS <i>4344 FLORA VISTA DR same as above</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ricardo Roman* *1/26/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #