

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90434 017 ***150.00

DOCUMENT # P02000030722					
1. Entity Name MINY INC.					
Principal Place of Business 4100 NE SECOND AVENUE SUITE 206 MIAMI, FL 33137			Mailing Address 4100 NE SECOND AVENUE SUITE 206 MIAMI, FL 33137		
2. Principal Place of Business 316 NE Fourth St Suite, Apt. #, etc.		3. Mailing Address 316 NE Fourth St Suite, Apt. #, etc.			
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL		4. FEI Number 01262004 Chg-P CR2E034 (10/03) 02-0573897	
Zip 33301		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, LAWRENCE O JR. 4100 NE SECOND AVENUE SUITE 206 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name: LAWRENCE O. TURNER JR. Street Address (P.O. Box Number is Not Acceptable): 316 NE Fourth St City: FT. LAUDERDALE FL Zip Code: 33301		
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)			4/22/04 DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME TURNER, ROBERTA B		<input type="checkbox"/> Delete		
STREET ADDRESS 4100 NE SECOND AVENUE	CITY-ST-ZIP MIAMI, FL 33137		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VS	NAME TURNER, LAWRENCE O JR.		<input type="checkbox"/> Delete		
STREET ADDRESS 4100 NE SECOND AVENUE	CITY-ST-ZIP MIAMI, FL 33137		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: (NOTE: Registered Agent signature required when reinstating)			4/22/04 DATE		
954.727-8977 Daytime Phone					