

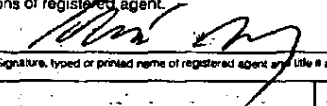
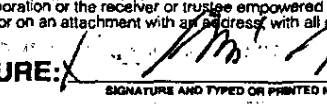
FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 025 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

54055565



DOCUMENT # P02000031034			
1. Entity Name MINDENT INC.			
Principal Place of Business 280 S CYPRESS RD 4 POMPANO BEACH, FL 33060		Mailing Address 280 S CYPRESS RD 4 POMPANO BEACH, FL 33060	
2. Principal Place of Business 400 N. Riverside Drive Suite, Apt. #, etc. 403 City & State Pompano Beach, FL Zip 33062		3. Mailing Address 400 N. Riverside Drive Suite, Apt. #, etc. 403 City & State Pompano Beach, FL Zip 33062	
4. FEI Number 03-0409163		Applied For ☐ Not Applicable	
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required		04132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent KERLEW, MICHAEL 2213 E ATLANTIC BLVD POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete SZABO, HUBA 280 S CYPRESS RD 4 POMPANO BEACH, FL 33060		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 400 N. Riverside Drive #403 Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	
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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: 		Date 5/21/04 Daytime Phone #	