### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P02000038374**

1. Entity Name MINA MOTORS INC.



Principal Place of Business

4037 UNIT 6, APPLACHEE PKWY. TALLAHASSEE, FL 32311 Mailing Address

4616 REMSGATE DR TALLAHASSEE, FL 32309

# FILED Jan 13, 2004 08:00 AM Secretary of State



01102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0591078 Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KHALIL, RAFAAT 4616 RAMSGATE DR. TALLAHASSEE, FL 32309

## DO NOT WRITE IN THIS SPACE

| B. The above<br>the obligat   | named entity submits this statement for the priors of registered agent. | urpose of changing its registered office                                     | ce of re     | egistered agent, or bo         | ih, in the State of Florida. I am familiar with, and accept  |
|---|---|--|--------------|--------------------------------|--|
| SIGNATURE_  |   |  |              |                                | CATE .   |
|   | Signature, typed or printed name of registered agent and title 6        | eppicable (NOTE Registered Agent)  | egnature<br> | required when remarking)       | - DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 |   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution.</li> </ol> |              | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC  | TORS   |              |                                | The state of the s |
| TIBLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP                         | D<br>KHALIL, RAFAAT<br>4616 RAMSGATE DR.<br>TALLAHASSEE, FL 32309       |  | _            |                                | U00000003847<br>01/14/04-80004-003 158.75  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-74P                        |   |  |              |                                |  |
| TITLE<br>SUMME<br>STREET ADDRESS<br>GAY-ST-ZIP                        |   |  |              | OQ                             | NOT WRITE  |
| TIFLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                        |   |  |              | IN '                           | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  |              | . <del>.</del> .               | <del></del>  |
| THILE<br>NAME<br>STREET ADDRESS                                       |   |  |              |                                |  |

12. Thereby 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 logal effect as if made under eath, 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.