2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000063706

Entity Name: MINHAS & SON MANAGEMENT INCORPORATED

Current Principal Place of Business:

6671 OSCEOLA POLK LINE RD
DAVENPORT, FL 33896

New Principal Place of Business:

Current Mailing Address:

6671 OSCEOLA POLK LINE RD
DAVENPORT, FL 33896

New Mailing Address:

6671 OSCEOLA POLK LINE RD
DAVENPORT, FL 33896

FEI Number: 32-0017411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINHAS, NADEEM
6671 OSCEOLA POLK LINE RD
DAVENPORT FL, FL 33896 US

Name and Address of New Registered Agent:

MINHAS, NADEEM
6671 OSCEOLA POLK LINE RD
DAVENPORT, FL 33896 US

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.

SIGNATURE: NADEEM MINHAS 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MINHAS, NADEEM
Address: 6671 OSCEOLA POLK LINE RD
City-St-Zip: DAVENPORT, FL 33896

Title: V ( ) Delete
Name: MINHAS, HUMIRA
Address: 6671 OSCEOLA POLK LINE RD
City-St-Zip: DAVENPORT, FL 33896

Title: D ( ) Delete
Name: MINHAS, FATIMA
Address: 6671 OSCEOLA POLK LINE RD
City-St-Zip: DAVENPORT, FL 33896

Title: D ( ) Delete
Name: MINHAS, MARIYUM
Address: 6671 OSCEOLA POLK LINE RD
City-St-Zip: DAVENPORT, FL 33896

Title: D ( ) Delete
Name: MINHAS, KHADIJA
Address: 6671 OSCEOLA POLK LINE RD
City-St-Zip: DAVENPORT, FL 33896

Title: D ( ) Delete
Name: MINHAS, MOHAMMAD B
Address: 6671 OSCEOLA POLK LINE RD
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADEEM MINHAS OWNE 04/30/2009
Electronic Signature of Signing Officer or Director Date