## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 12, 2004 08:00 AM Secretary of State **DOCUMENT # P02000091782** MINABEN, INC. Mailing Address Principal Place of Business **401 WEST BROWNLEE STREET 401 WEST BROWNLEE STREET** STARKE, FL 32091 STARKE, FL 32091 CR2E034 (10/03) 04012004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3867257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000110104 10. OFFICERS AND DIRECTORS **PSTD** TITLE THAKOR, MINABEN K NAME STREET ADDRESS 401 WEST BROWNLEE STREET STARKE, FL 32091 CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-LP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 cells, 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 charged, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/04

904-368-033

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