


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90238 036 ***150.00

DOCUMENT # P03000003600

1. Entity Name
MINERVA COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
1314 CORAL WAY **1314 CORAL WAY**
MIAMI, FL 33145 **MIAMI, FL 33145**

2. Principal Place of Business 3. Mailing Address
1378 CORAL WAY **1378 CORAL WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4TH FLOOR **4TH FLOOR**

City & State City & State
MIAMI **MIAMI, FL**

Zip Country Zip Country
FL 33145 **USA** **33145** **USA**

6. Name and Address of Current Registered Agent
HERNANDEZ, MINERVA E
4560 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140



04122005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
02-0664970 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **MINERVA E. HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
724 LENOX AVE #1
 City **MIAMI BEACH** FL Zip Code **33139**

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) /DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, MINERVA E 1314 CORAL WAY 1378 CORAL WAY, 4TH FLOOR MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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: *Minerva Hernandez* Date 4/18/05 Daytime Phone # 305. 860. 3803
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR