

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053592

FILED  
Apr 03, 2004  
Secretary of State

Entity Name: MINGO AFFILIATES SERVICES INC.

## Current Principal Place of Business:

3755 N.W. 197TH ST.  
MIAMI, FL 33055

## New Principal Place of Business:

## Current Mailing Address:

3755 N.W. 197TH ST.  
MIAMI, FL 33055

## New Mailing Address:

FEI Number: 57-1166411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SNYDER, CONNIE  
4270 N.W. 173RD ST.  
MIAMI, FL 33055

## Name and Address of New Registered Agent:

MINGO, TIMOTHY C PRES  
4560 NW 5TH PLACE  
PLANTATION, FL 33317

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: TIMOTHY C. MINGO

04/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MINGO, TIMOTHY C  
Address: 18680 SINGLETARY LANE  
City-St-Zip: MIAMI, FL 33184

Title: SD ( ) Delete  
Name: SNYDER, CONNIE  
Address: 4270 N.W. 173RD ST.  
City-St-Zip: MIAMI, FL 33055

Title: T ( ) Delete  
Name: POWELL, CYNTHIA  
Address: 1961 N.W. 197TH ST.  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: HARPER, THELMA  
Address: 3755 N.W. 197TH ST.  
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete  
Name: MCCULLOUGH, SHIRLEY  
Address: 3755 N.W. 197TH ST.  
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete  
Name: FEAD, CORA  
Address: 3755 N.W. 197TH ST.  
City-St-Zip: MIAMI, FL 33055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: SMALL, DELORIS D  
Address: 20303 N W 28TH COURT  
City-St-Zip: MIAMI, FL 33056

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 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 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: TIMOTHY C MINGO

PRES

04/03/2004

Electronic Signature of Signing Officer or Director

Date