


FILED  
May 22, 2007 8:00 am  
Secretary of State

04-25-2007 90168 023 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

4/2

DOCUMENT # P03000054361 1. Entity Name MINUZZI CORPORATION	
--	---

Principal Place of Business 599 SE WALTERS TERRACE PORT SAINT LUCIE, FL 34983	Mailing Address 599 SE WALTERS TERRACE PORT SAINT LUCIE, FL 34983
---	---

66016136



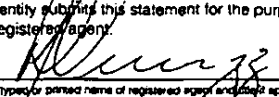
03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3680993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MINUZZI, RIGOBERTO V 599 SE WALTERS TERRACE PORT SAINT LUCIE, FL 34983
---

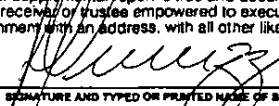
DO NOT WRITE  
IN THIS SPACE

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 4-22-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MINUZZI, RIGOBERTO 599 SE WALTERS TERREACE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLIVEIRA, MARIANGELICA 599 SE WALTERS TERRACE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	RIGOBERTO MINUZZI	3/7/07 (772) 336-2084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		