

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90007 002 ***150.00

DOCUMENT # P03000088070 1. Entity Name MNK PROPERTY SERVICES INC					
Principal Place of Business 16290 ALADDIN BLVD MIAMI, FL 33187			Mailing Address 16290 ALADDIN BLVD MIAMI, FL 33187		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAZIM, SYED K 16290 ALADDIN BLVD MIAMI, FL 33187				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>[Signature]</i></u> SYED KAZIM DATE 7/1/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete MADRIGAL, FLORA M 16290 ALADDIN BLVD MIAMI, FL 33187		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MADRIGAL FLORA M 16290 ALADDIN BLVD MIAMI FL 33187 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Delete KAZIM, MIACHELLE F 16290 ALADDIN BLVD MIAMI, FL 33187		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete KAZIM, SYED K 16290 ALADDIN BLVD MIAMI, FL 33187		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KAZIM SYED 16290 ALADDIN BLVD MIAMI FL 33187 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>[Signature]</i></u> SYED KAZIM VP			DATE 7/1/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		