## 2004 FOR-PROFIT CORPORATION **ANNUAL REPORT**

## 43 Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000095878 1. Entity Name 04-26-2004 91291 039 \*\*\*150 00 MINO & VILLA INC. Principal Place of Business Mailing Address 391 S.W. 135 AVE. FORT LAUDERDALE, FL 33325 391 S.W. 135 AVE. FORT LAUDERDALE, FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02272004 Cho-P 460 SW 4605W City & State City & State 4. FEI Number *ا در D* 27-0068351 avie Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 3 3325 3 Brown. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MINO, FRANK E 391 S.W. 135 AVE MINO, FRANKE Street Address (P.O. Box Number is Not Acceptable) 5 W FORT LAUDERDALE, FL 33325 Davie 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. 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES Delete TITLE TITLE Change | ☐ Addition VILLARROEL, JOSE M NAME NAME 460 SW 130 Terr STREET ADDRESS 391 S.W. 135 AVE. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33325 CITY-ST-ZIP TREA TIT1 8 Z Delete TITLE Addition MINO, FRANK E NAME NAME 391 S.W. 135 AVE. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Offy-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP CITY STEZIP

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE:

TITLE

NAME

TITLE

NAME .

STREET ADDRESS

STREET ADDRESS

CITY-ST-79P

CITY: ST-ZIP

JOSE VILLARROEL

FILED

Change

☐ Change

Addition

☐ Addition