2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000109944

1. Entity Name
M.N.R. ENTERPRISE, INC.

Principal Place of Business	Mailing Address
7013 HIAWASSEE OVERLOOK DRIVE ORLANDO, FL 32835 US	7013 HIAWASSEE OVERLOOK DRIVE ORLANDO, FL 32835 US

02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0296772
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TEXEIRA-COLLADO, MARIA C MRS.
7013 HIAWASSEE OVERLOOK DRIVE
ORLANDO, FL 32835

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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 _____

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

U00000218196
02/07/05-80055-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEL COLLADO, RAMON O
STREET ADDRESS	14430 NE 20 STREET
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	VP
NAME	COLLADO, NICK D
STREET ADDRESS	7013 HIAWASSEE OVERLOOK DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	SEC
NAME	TEXEIRA-COLLADO, MARIA C
STREET ADDRESS	7013 HIAWASSEE OVERLOOK DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
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 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: Collado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR