

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000109944

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



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

Mailing Address
**7013 HIAWASSEE OVERLOOK DRIVE
ORLANDO, FL 32835 US**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0296772

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**000000390634
01/24/06-80007-006 150.00**

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	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 (321)230.234
Date Daytime Phone #