

2007 FOR PROFIT CORPORATION ANNUAL REPORT

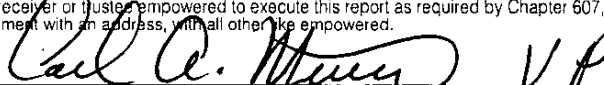
FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90027 010 ***150.00

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04162007 Chg-P CR2E034 (12/06)

DOCUMENT #P04000014195			
1. Entity Name MINIERI MADEIRA, INC.			
Principal Place of Business MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		Mailing Address MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	
2. Principal Place of Business - No P.O. Box # MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		3. Mailing Address MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	
Zip 33761	Country USA	Zip 33761	Country USA
6. Name and Address of Current Registered Agent MINIERI, CARL N 29656 US HWY 19 N STE 100 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	
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 reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARL A. MINIERI ☐ Delete 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINIERI, CARL N 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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:  VP		Date: 4/26/07 Daytime Phone # _____	