2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90027 010 ***150.00

DOCUMENT # P04000014195

1. Entity Name
MINIERI MADEIRA, INC.

Principal Place of Business	Mailing Address
MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761
Zip / Country: USA	Zip / Country: USA

04162007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-0639754 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINIERI, CARL N 29656 US HWY 19 N STE 100 CLEARWATER, FL 33761	Name / Str: MINIERI MADEIRA, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 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 ______________________
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, 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 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 ☐ Delete	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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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: Carl A. Minieri VP 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #