JUN-13-2005 04:24 FROM:JUAN VELEZ 786-331-9971

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-04-2005 90161 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000058870

1. Entity Name
MINT SWIMWEAR, INC.

66023296

Principal Place of Business	Mailing Address
4420 NW 107 AVE #301 MIAMI, FL 33178	4420 NW 107 AVE #301 MIAMI, FL 33178
2. Principal Place of Business: 5602 NW 112th ct	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State
Zip: FL / Country: 33178	Zip / Country

04212005 Cng-P CR2E034 (10/03)

4. FEI Number: 20-1008548 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
VELEZ, JUAN
4420 NW 107 AVE #301
MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 5602 NW 112th ct
City: Miami FL Zip Code: 33178

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] 5/1/05
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, 2005 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VELEZ, JUAN 4420 NW 107 AVE #301 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 5602 NW 112th ct Miami, FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RESTREPO, HELDA 4420 NW 107 AVE #301 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 5602 NW 112th ct Miami FL 33178	☑ 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 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: [signature] 5/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #