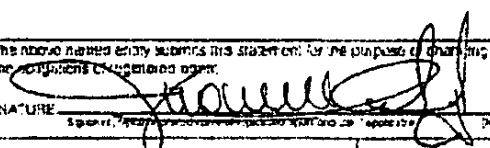
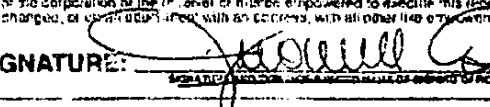


FILED
Jun 17, 2005 8:00 am
Secretary of State

05-04-2005 90161 034 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000058870			
1. Entry Name MINT SWIMWEAR, INC.			
Principal Place of Business 4420 NW 107 AVE #301 MIAMI, FL 33178		Mailing Address 4420 NW 107 AVE #301 MIAMI, FL 33178	
2. Principal Place of Business 5602 NW 112th St State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33178		Zip 33178	
Country USA		Country USA	
4. FEI Number 20-1008548		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04212005 Cng-P CR2E034 (10/03)	
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, if acceptable) 5602 NW 112th St City Miami FL 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 authorized to do so.			
SIGNATURE 		DATE 5/1/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME VELEZ, JUAN STREET ADDRESS 4420 NW 107 AVE #301 CITY & STATE MIAMI, FL 33178	☐ Delete	NAME 5602 NW 112th St STREET ADDRESS MIAMI, FL 33178	☒ Change ☐ Addition
NAME RESTREPO, MELDA STREET ADDRESS 4420 NW 107 AVE #301 CITY & STATE MIAMI, FL 33178	☐ Delete	NAME 5602 NW 112th St STREET ADDRESS MIAMI, FL 33178	☒ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	☐ Delete	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	☐ Delete	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	☐ Delete	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(2)(f), Florida Statutes. I further certify that the information indicated on this report or the supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director 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 both blocks if not, with an address, with all other information.			
SIGNATURE 		DATE 5/1/05	

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