2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
04-29-2005 90256 039 ***150.00

DOCUMENT # P04000074993

1. Entity Name
LIMINS, INC.

66019879

04262005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6801 WILKOW DR. APT. 305 ORLANDO, FL 32821	6801 WILKOW DR. APT. 305 ORLANDO, FL 32821
2. Principal Place of Business: 14134 Boca Key Dr	3. Mailing Address: 14134 Boca Key Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, Fl.	City & State: ORLANDO, FL
Zip: 32824 Country: U.S.A.	Zip: 32824 Country: U.S.A

4. FEI Number: 20-2889696 ☐ 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
OCHOA, NORA L 6801 WILKOW DR. APT. 305 ORLANDO, FL 32821	Name: OCHOA, NORA L Street Address (P.O. Box Number is Not Acceptable): 14134 Boca Key Dr. City: ORLANDO FL Zip Code: 32824

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: Nora Ochoa 04-26-05

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: President NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE: President NAME: Nora L Ochoa STREET ADDRESS: 14134 Boca Key Dr CITY ST ZIP: Orlando, FL 32824	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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 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: Nora Ochoa 04-26-05 407-8548484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #