

FILED
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Secretary of State

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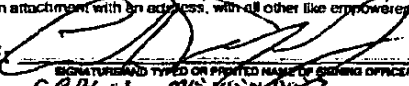
2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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01042005 Chg-P CR2E034-(10/03)

DOCUMENT # P04000079677			
1. Entity Name MINBE CO., INC.			
Principal Place of Business 3601 NEBRASKA AVENUE TAMPA, FL 33603		Mailing Address 3601 NEBRASKA AVENUE TAMPA, FL 33603	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-1138165	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENENDEZ, CARLOS 3601 NEBRASKA AVENUE TAMPA, FL 33603		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when requested.			
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			
TITLE	PRESIDENT / TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARLOS MENENDEZ	NAME	
STREET ADDRESS	4838 SON PABLO PLAZA	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	CITY-ST-ZIP	
TITLE	VICE PRESIDENT / TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAMES W. SMITH	NAME	
STREET ADDRESS	24307 TWIN LAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKE, FL 34639	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 		1/5/05 (F12) 223-2727	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARLOS MENENDEZ		Date Officer's Phone #	