2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084236

Entity Name: MNS VENTURES, INC

Name:

Address:

City-St-Zip:

FILED Feb 16, 2009 Secretary of State

Entity Na	me: MINS VEI	NTURES, INC.			
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
12020 SW MIAMI, FL	8 STREET 33184				
Current Mailing Address:			New Mailing Address:		
	152ND AVE. 5, FL 33027				
FEI Number	: 30-0254711	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()
Name and	l Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:
4065 S.W.	JEZ, JOHN JR 152ND AVE. 1, FL 33027	e. Us			
	named entity e of Florida.	submits this statement for the p	ourpose of changing it	s registered	d office or registered agent, or both,
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent		Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (RODRIGUEZ, I 4065 S.W. 152 MIRAMAR, FL	ND AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP (RODRIGUEZ, 4065 S.W. 152 MIRAMAR, FL	ND AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	S (COLLAZO, MO 4065 S.W. 152 MIRAMAR, FL	ND AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	T (RODRIGUEZ, I 4065 SW 152 A MIRAMAR, FL	AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition
Title:	() Delete	Title:	VP	() Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

COLLAZO, JOSHUA

MIRAMAR, FL 33027

4065 SW 152 AVE

SIGNATURE: JOHN RODRIGUEZ, JR. VP 02/16/2009