2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

	Ailitoa						<i>-</i>		
DOCUMENT # P04000151453 1. Enlity Name MIN NAING, INC.						05-03-2005	90175 02	22 ***150	0.00
Principal Place of Busines	Mailing Address	iling Address			3				
3375 MISSION BAY BLVD #243 ORLANDO, FL 32817 US		3375 MISSION BAY BLVD #243 Orlando, Fl 32817 US			20055875				
			_						
2. Principal Place of Business		3. Mailing Address				BAH CIBIA BAHA BAKA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number	- 184125	11	—— —	olied For
Zip Country		Zip Count		irv				8.75 Add	Applicable
۵.۶	,			,	5. Certificate of	of Status Desired		ee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered A	gent	
ZINI NANDI E				Name					
ZIN, MABLE 3375 MISSION BAY #243	BLVD		Street Address (P.O. Box Number	is Not Acceptable)			
ORLANDO, FL 328	117	•							
				City		<u></u>	FL	Zip Code)
8. The above named enti	ity submits this statement (or the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept
the obligations of registered agent.									
SIGNATURE (MAISLE ZIN). 4/28/05									
Signature, type	d or printed name of registered ager	nt and little if applicable. (NOT	E: Registered	d Agent signature required	when reinstating)		DATE		
FILE NOWII! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE P								Change	☐ Addition
NAME ZIN, MAE	ZIN, MABLE			E					
				ET ADORESS					
TITLE NAME	Defete 1171			l				☐ Change	Addition
STREET ADDRESS	ss			ET ADORESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP					
TITLE	☐ Delete TITL							Change	Addition
NAME NA									
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
TITLE		☐ Delete	TITLE					[] Change	Addition
NAME		Delete	NAME					o.e.igo	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		·	CITY-	-ST-ZIP					
LULTÉ		☐ Delete	TITLE	1				Change	Addition
NAME STREET ADDRESS			NAME	E et address					
City-St-Zip				-ST-ZiP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	E					
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP		Martin State	1.4 .6	or disease of the	
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-piper like empowered.									
	1.	with amptiger like empowered				79/28/02	407-	529-7	490·
SIGNATURE:								sytme Phone #	