APR.28.2005 7:12AM CINTAS

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

04-29-2005 90302 001 ***150.00
04-29-2005 90302 002 *****8.75

DOCUMENT # P04000168166

1. Entity Name
JESUS TRIVINO, INC.

Principal Place of Business	Mailing Address
20045 HERITAGE DR LAKEVILLE, MN 55044	20045 HERITAGE DR LAKEVILLE, MN 55044

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3895 Winona Dr.	20045 HERITAGE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: LAKEVILLE MN
Zip: 32504 Country: USA	Zip: 55044 Country: USA

4. FEI Number: 20-2014329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JAMES C
3895 WINONA DR
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name: JESUS C TREVINO
Street Address (P.O. Box Number is Not Acceptable): 3895 Winona DR
City: Pensacola FL Zip Code: 32504

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: [signature] 04/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TREVINO, JESUS C 20045 HERITAGE DR LAKEVILLE, MN 55044	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alisa Wundrow 20045 Heritage DR. Lakeville MN 55044	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jesus Trevino, Inc 20045 HERITAGE DR LAKEVILLE MN 55044	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 04/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #