

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/24/2

**FILED**  
**Jun 18, 2007 8:00 a**  
**Secretary of State**

05-24-2007 90003 010 \*\*\*150.00

**DOCUMENT # P05000130562**

1. Entity Name  
**MUNNE ENTERPRISES INC.**



**66019331**



05082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**APPLIED FOR 20-3523003** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MUNNE, ESTEBAN**  
**7980 N.W. 156 TER**  
**MIAMI LAKES, FL 33016**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MUNNE, ESTEBAN	
STREET ADDRESS	7980 N.W. 156 TER	
CITY- ST- ZIP	MIAMI LAKES, FL 33016	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUNNE, JENNY M	
STREET ADDRESS	7980 N.W. 156 TER	
CITY- ST- ZIP	MIAMI LAKES, FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNNE, BRIANNA B	
STREET ADDRESS	7980 N.W. 156 TER	
CITY- ST- ZIP	MIAMI LAKES, FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNNE, STEVEN T	
STREET ADDRESS	7980 N.W. 156 TER	
CITY- ST- ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**58-07 305-725-4674**

Date

Daytime Phone #