

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046640

FILED
Apr 29, 2007
Secretary of State

Entity Name: MINNOVATIVE SOLUTIONS INC.

Current Principal Place of Business:

5255 COLLINS AVE.
UNIT #9C
MIAMI BEACH, FL 33140

New Principal Place of Business:

12850 W STATE RD 84 - 16 FOREST LANE
#9-27
DAVIE, FL 33325

Current Mailing Address:

5255 COLLINS AVE.
UNIT #9C
MIAMI BEACH, FL 33140

New Mailing Address:

12850 W STATE RD 84
#9-27
DAVIE, FL 33325

FEI Number: 14-1956305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGONE, MARIA
5255 COLLINS AVE.
UNIT #9C
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

LANGONE, MARIA
12850 W STATE RD 84 - 16 FOREST LANE
#9-27
DAVIE, FL 33325 US

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.

SIGNATURE:

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LANGONE, MARIA
Address: 5255 COLLINS AVE., UNIT #9C
City-St-Zip: MIAMI BEACH, FL 33140

Title: V () Delete
Name: GOMEZ, NELSON MIGUEL
Address: 5255 COLLINS AVE., UNIT #9C
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: LANGONE, MARIA
Address: 12850 W STATE RD 84 #9-27
City-St-Zip: DAVIE, FL 33325

Title: V (X) Change () Addition
Name: GOMEZ, NELSON MIGUEL
Address: 12850 W STATE RD 84 #9-27
City-St-Zip: DAVIE, FL 33325

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.

SIGNATURE: MARIA LANGONE

PSTD

04/29/2007

Electronic Signature of Signing Officer or Director

Date