

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 047 ***158.75

DOCUMENT # P06000100004

1. Entity Name
MOLINARTS CORPORATION



Principal Place of Business
**16416 RUBY LAKE
WESTON, FL 33331 US**

Mailing Address
**16416 RUBY LAKE
WESTON, FL 33331 US**

2. Principal Place of Business - No P.O. Box #

2965 Grandeville Circle

3. Mailing Address

4250 Alafaya Trail

Suite, Apt. #, etc.

319

Suite, Apt. #, etc.

Suite 212

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

U.S.A.

Zip

32765

Country

U.S.A.

04232007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5521956

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE # 105
WESTON, FL 33326**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MOLINA, ANDRES**
STREET ADDRESS **16416 RUBY LAKE**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **S** ☐ Delete
NAME **MOLINA, ANDRES**
STREET ADDRESS **16416 RUBY LAKE**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Molina, Andres**
STREET ADDRESS **16416 Ruby Lake**
CITY-ST-ZIP **Weston, FL 33331**

TITLE **S** ☒ Change ☐ Addition
NAME **Molina, Antonio**
STREET ADDRESS **2965 Grandeville Circle # 319**
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Antonio Molina (Antonio Molina)** ☒ 4-30-07 ☒ (239) 821-7163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #