


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90043 001 ***450.00

DOCUMENT # P06000134152 1. Entity Name MINT D.C.S.A. INVESTMENTS, INC.					
Principal Place of Business 407 LINCOLN ROAD SUITE 502 MIAMI BEACH, FL 33139			Mailing Address 407 LINCOLN ROAD SUITE 502 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 407 LINCOLN RD		3. Mailing Address 407 LINCOLN RD			
Suite, Apt. #, etc. PH-N		Suite, Apt. #, etc. PH-N			
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL			
Zip 33139		Zip 33139		Country 	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO MORENO & BROCHIN PA TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GAVILAN, MIGUEL ANGEL A 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ANGEL E 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, JOSE 848 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GAVILAN, MIGUEL ANGEL A 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS TORRES, ANGEL E 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARDID, JOSE 848 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 LINCOLN RD PH-N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 LINCOLN RD PH-N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 LINCOLN RD PH-N	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 LINCOLN RD PH-N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 LINCOLN RD PH-N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>ANGEL E. TORRES</u> <u>2/11/08</u> <u>(305) 672 0805</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					