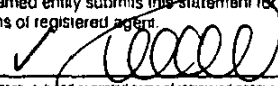
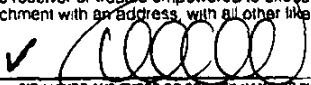


FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90030 038 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000110391 1. Entity Name MYNO CORP.					
Principal Place of Business 2828 SW 32 CT MIAMI, FL 33133			Mailing Address 2828 SW 32 CT MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box # 14400 SW 22 ST		3. Mailing Address P.O. Box 940743			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI		City & State MIAMI		4. FEI Number 14-2009293	
Zip 33175		Country FL		Zip 33194	
Country FLORIDA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTINEZ, MARILIN 2828 SW 32 CT MIAMI, FL 33133			7. Name and Address of New Registered Agent Name MARILIN MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 14400 SW 22 ST City MIAMI FL Zip Code 33175		
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  : MARILIN MARTINEZ 07/10/08 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointment) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D MARTINEZ, MARILIN ☐ Delete 2828 SW 32 CT MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14400 SW 22 ST ☒ Change ☐ Addition MIAMI FL 33194	
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	
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 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:  :			07/10/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		