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

40111000

07102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #: 14400 SW 22 ST
Suite, Apt. #, etc:
City & State: MiAMi
Zip: 33175 Country: FL

3. Mailing Address: P.O. Box 940743
Suite, Apt #, etc:
City & State: Miami
Zip: 33194 Country: Florida

4. FEI Number: 14-2009293 ☐ Applied For ☐ Not Applicable

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: [signature] Marilin Martinez 07/10/08
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 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 2828 SW 32 CT MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14400 SW 22ST Miami FL 33194
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 07/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #