
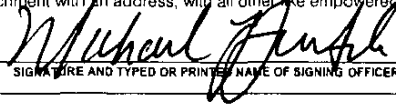


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 025 ***150.00

DOCUMENT # P94000016716 1. Entity Name MINIERI SEMINOLE, INC.			
Principal Place of Business 29656 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33761 US		Mailing Address 29656 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33761 US	
2. Principal Place of Business - No P.O. Box # 28059 US Highway 19 N Suite, Apt. #, etc. Suite 302 City & State Clearwater FL Zip 33761 Country US		3. Mailing Address 28059 US Highway 19 N Suite, Apt. #, etc. Suite 302 City & State Clearwater FL Zip 33761 Country US	
4. FEI Number 59-3247373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINIERI, CARL 29656 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Minieri, Carl Street Address (P.O. Box Number is Not Acceptable) 28059 US Highway 19 North City Clearwater FL Zip Code 33761	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	C MINIERI, CARL 29656 U.S. HIGHWAY 19 N. CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28059 US Hwy 19 N Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENTILE, MICHAEL 29656 U.S. HIGHWAY 19 N. CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28059 US Hwy 19 N Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINIERI, CARL N 29656 U.S. HWY 19 N. STE. 100 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28059 US Hwy 19 N Clearwater FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 		Date 127-725-9999 Daytime Phone #	