
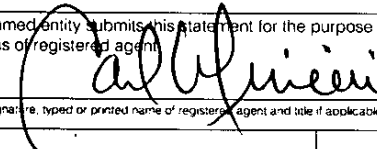
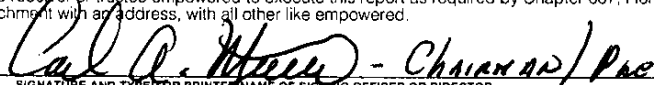


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90013 037 \*\*\*150.00

<b>DOCUMENT # P94000016716</b> 1. Entity Name <b>MINIERI SEMINOLE, INC.</b>			
Principal Place of Business <b>28059 US HWY 19 N SUITE 302 CLEARWATER, FL 33761 US</b>		Mailing Address <b>28059 US HWY 19 N SUITE 302 CLEARWATER, FL 33761 US</b>	
2. Principal Place of Business - No P.O. Box #  <b>36370 U.S. Hwy 19 N. Palm Harbor, FL 34684 USA</b>		3. Mailing Address  <b>36370 U.S. Hwy 19 N. Palm Harbor, FL 34684 USA</b>	
6. Name and Address of Current Registered Agent  <b>MINIERI, CARL 28059 US HWY 19 N CLEARWATER, FL 33761</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>36370 U.S. Hwy 19 N. Palm Harbor, FL 34684</b> City 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>C MINIERI, CARL 28059 US HWY 19 N CLEARWATER, FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>CP Minieri, Carl A 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P GENTILE, MICHAEL 28059 US HWY 19 N CLEARWATER, FL 33761</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VP Minieri, Carl N 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>S MINIERI, CARL N 28059 US HWY 19 N CLEARWATER, FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>S/T Malave, Marianne 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684</b>	<input type="checkbox"/> Change <input checked="" 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.			
<b>SIGNATURE:</b>  - Chairman/Pres.		Date <b>4/28/08</b> Daytime Phone # _____	