


**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

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03-16-2005 90035 025 ***100.00
02-14-2005 90058 020 ****50.00
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<b>DOCUMENT # P95000078413</b>						<b>State of Florida</b>	
1. Entity Name <b>MINOLA REALTY CORPORATION</b>				03-16-2005 90035 025 ***100.00 02-14-2005 90058 020 ****50.00			
Principal Place of Business <b>1500 NORTH FEDERAL HWY. SUITE 201 FT LAUDERDALE FL 33304 US</b>				Mailing Address <b>1500 NORTH FEDERAL HIGHWAY SUITE 201 FT LAUDERDALE FL 33304 US</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>STEPHEN HOFFMAN C/O MASTIANA &amp; CHRISTIANSEN 1500 NORTH FEDERAL HIGHWAY SUITE 200 FT LAUDERDALE FL 33304</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-stating) Signature, typed or printed name of registered agent and title if applicable. DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MASTRIANA-SOLAL, ALEXANDRA 3012 NORTH ATLANTIC BLVD. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/8/05 2954) 566-2423 Date Daytime Phone #			