


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**JUL 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000002122 1. Entity Name MINANIS, INC.	
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Principal Place of Business 790 HARBOUR DR 2C NAPLES, FL 34103 US	Mailing Address 790 HARBOUR DR 2C NAPLES, FL 34103 US
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06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0669781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ASSAAD, WAFAA F 790 HARBOUR DR SUITE 2C NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ASSAAD, WAFAA F 790 HARBOUR DR., SUITE 2C NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASSAAD, MIKE W 790 HARBOUR DR; SUITE 2C NAPLES, FL 34103
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<p>U000000370096 07/05/05-80002-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: WAFAA F. ASSAAD, PSTD. JUNE 29, 05 (239) 649-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #