2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # P97000104783 1. Entity Name MINDENVEST INVESTMENT CORP.					02-21-2005 90	0080 003 ***150.00
Principal Place of Business 4960 S.W. 72 AVENUE SUITE 201 MIAMI, FL 33155		Mailing Address 4960 S.W. 72 AVENUE SUITE 201 MIAMI, FL 33155	4960 S.W. 72 AVENUE Suite 201		 	1811 87118 11180 1888 1888 1891 8
2. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052005 Chg-P	CR2E034 (10/03)
City & State		City & State	City & State		4. FEI Number 65-0818672	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Non	7. Name and Address of New Registered Agent Name		
GUILLEN, CELIA L 9595 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176			I .	Street Address (P.O. Box Number is Not Acceptable) SUHC 201		
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, hyped or printed name of registered agent and off if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. DATE 4. Added to Fees						
10. TITLE	OFFICERS A	ND DIRECTORS Delete	11. '		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	GUILLEN, C L 9595 N. KENDALL DRIVE, # MIAMI, FL 33176	-	NAME STREET ADDRE CITY-ST-ZIP		60 SW 72 AUR 119 ML Fl 33155	<i>(</i>
ITILE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLEN, ANA C 9595 N. KENDALL DRIVE, # MIAMI, FL 33176	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		60 SW 72 AUR 19 MI FL 33/5	# 201
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ss		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	THILE NAME STREET ADDRI CITY-ST-ZIP	SS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI	•		☐ Change ☐ Addition
12. I hereby indicated of the corchanged	certify that the information supplied on this report or supplemental reprovation or the receiver or trustee or on an atlachment with an addr	with this filing does not qualify for is true and accurate and that empowered to execute this reposess, with all other like empowere	or the exemption my signature sh rt as required by d.	stated in Se all have the Chapter 60	ection 119.07(3)(i), Florida Statutes. I i same legal effect as if made under oa 7, Florida Statutes; and that my name	orther certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if