2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90032 023 ****50.00
04-21-2005 90254 003 ***150.00

DOCUMENT # P97000107439

1. Entity Name
MINT REALTY, INC.

Principal Place of Business	Mailing Address
~~1940 HARRISON STREET SUITE~~ 300 ~~HOLLYWOOD, FL 33020~~	~~1940 HARRISON STREET SUITE~~ 300 ~~HOLLYWOOD, FL 33020~~

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1930 Harrison ST	1930 Harrison ST
Suite, Apt. #, etc. #503	Suite, Apt. #, etc. #503
City & State Hollywood, FL	City & State Hollywood FL
Zip 33020 Country	Zip 33020 Country USA

4. FEI Number 65-0801240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANTIN-SEGAL, DEBORAH A
~~1940 HARRISON STREET SUITE 300~~
~~HOLLYWOOD, FL 33020~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1930 Harrison ST #503
City Hollywood FL Zip Code 33020

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, typed or printed name of registered agent and title 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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP MANTIN-SEGAL, DEBORAH A ~~1940 HARRISON STREET SUITE 300~~ ~~HOLLYWOOD, FL 33020~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1930 Harrison ST #503 Hollywood, FL 33020	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 Date Daytime Phone #