2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2008 08:00 A Secretary of State DOCUMENT # S04690 1. Entity Name MINI WAREHOUSE MANAGEMENT, INC. Principal Place of Business Mailing Address 8489 N.W. 17TH COURT 8489 N.W. 17TH COURT PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0235488 Not Applicable Ζιp Ζ:p Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINTZ, LOREN Street Address (P.O. Box Number is Not Acceptable) 8489 N.W. 17TH COURT PLANTATION FL 33322 City Zipi Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of redistered agent. SIGNATURE Signature, typed or printed same of registered agent and are if suplication. (NOTE: Registered Agent ergostum required when roins sitting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change Addition MINTZ, LOREN A NAME NAME U00000800833 01/31/08-80033-004 150.00 2220 NW 62ND DR STREET ADDRESS. STREET ADDRESS BOCA RATON FL 33496 CITY-ST-7IP CITY-ST-ZIP TITLE Derete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Derete ITTE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change ■ Addition HAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 office 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Days no Phone #