## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S92647

Entity Name: MINUS CONSTRUCTION INC.

FILED Jul 01, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	201 TERRACE RDENS, FL 3			
Current Mailing Address:			New Mailing Address:	
	201 TERRACE RDENS, FL 3			
FEI Number	r: 65-0294740	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
4460 NW	OLANDA M. 201 TERRACE . 330551525 U			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		03(2)(b), F.S., the corporation did nog Trust Fund Contribution ( ).	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
		TORO.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	MINUS, JOSEF 4460 NW 201	) Delete PH A.,	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
Name: Address:	MINUS, JOSEF 4460 NW 201 MIAMI GARDE VSD ( MINUS, YOLAN 4460 NW 201	) Delete PH A., TERRACE NS, FL 330551525 ) Delete NDA M.,	Title: Name: Address:	
Name: Address: City-St-Zip: Title: Name: Address:	MINUS, JOSÉF 4460 NW 201 MIAMI GARDE VSD ( MINUS, YOLAN 4460 NW 201 MIAMI GARDE T ( WILLIS, KING	) Delete PH A., TERRACE NS, FL 330551525 ) Delete NDA M., TERRACE NS, FL 330551525 ) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH A. MINUS PD 07/01/2006

MIAMI GARDENS, FL 330551525

City-St-Zip: