

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92647

FILED
Apr 30, 2008
Secretary of State

Entity Name: MINUS CONSTRUCTION INC.

Current Principal Place of Business:

4460 NW 201 TERRACE
MIAMI GARDENS, FL 330551525

New Principal Place of Business:

Current Mailing Address:

4460 NW 201 TERRACE
MIAMI GARDENS, FL 330551525

New Mailing Address:

FEI Number: 65-0294740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINUS, YOLANDA M.
4460 NW 201 TERRACE
MIAMI, FL 330551525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MINUS, JOSEPH A.,
Address: 4460 NW 201 TERRACE
City-St-Zip: MIAMI GARDENS, FL 330551525

Title: VSD () Delete
Name: MINUS, YOLANDA M.,
Address: 4460 NW 201 TERRACE
City-St-Zip: MIAMI GARDENS, FL 330551525

Title: T () Delete
Name: WILLIS, KING
Address: 3156 N.W. 42 STREET APT.1
City-St-Zip: MIAMI, FL 331424472

Title: SEC () Delete
Name: ISSAC, WADE
Address: 20751 N.W. 37TH COURT
City-St-Zip: MIAMI GARDENS, FL 330551525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JOSEPH A. MINUS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date