

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 037 ***150.00

DOCUMENT # V65052

1. Entity Name

MINKIN ENTERPRISES, INC.



Principal Place of Business

**7118 MONTRICO DRIVE
BOCA RATON FL 33433**

Mailing Address

**7118 MONTRICO DRIVE
BOCA RATON FL 33433**

2. Principal Place of Business

3553 N.W. Clubside Circle

3. Mailing Address

3553 N.W. Clubside Circle

Suite, Apt. #, etc.

Boca Raton

Suite, Apt. #, etc.

Boca Raton

City & State

FL.

City & State

FL.

Zip

33496

Country

Palm Beach

Zip

33496

Country

Palm Beach



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0356746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINKIN, KENNETH
7118 MONTRICO DRIVE
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

MINKIN, Kenneth

Street Address (P.O. Box Number is Not Acceptable)

3553 N.W. Clubside Circle

City

Boca Raton, FL.

FL

Zip Code

33496

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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MINKIN, KENNETH D.	
STREET ADDRESS	7118 MONTRICO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINKIN, Kenneth D.	
STREET ADDRESS	3553 N.W. Clubside Circle	
CITY-ST-ZIP	Boca Raton, FL. 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kenneth D. Minkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05 (561)241-0767

Date

Daytime Phone #