

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000053592

**FILED**  
**Feb 22, 2018**  
**Secretary of State**  
**CC5527199081**

**Entity Name:** MINGO AFFILIATES SERVICES INC.

**Current Principal Place of Business:**

20900 N E 30TH AVENUE  
8TH FLOOR  
AVENTURA, FL 33180

**Current Mailing Address:**

4560 N W 5TH PLACE  
PLANTATION, FL 33317

**FEI Number:** 57-1166411

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MINGO, TIMOTHY C PRES  
4560 NW 5TH PLACE  
PLANTATION, FL 33317 US

*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

**Officer/Director Detail :**

Title	PD	Title	TREASURER
Name	MINGO, TIMOTHY C	Name	HARPER-MINGO, THELMA
Address	4560 N W 5TH PLACE	Address	4560 NW 5TH PLACE
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

Title           VP  
Name           TIYAN, LAMIN  
Address        20900 N E 30TH AVENUE  
                  8TH FLOOR  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE:** TIMOTHY MINGO

**PRESIDENT**

**02/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date