2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L70886

1. Entity Name

MANNY GUADALUPE & ASSOC., INC.

US

FILED Jun 04, 2007 08:00 AM Secretary of State

Principal Place of Business

5800 CAMINO DEL SOL

SUITE 200

BOCA RATON, FL 33433 U

Mailing Address

5800 CAMINO DEL SOL

SUITE 200

BOCA RATON, FL 33433

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0190536

05292007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUADALUPE, MANUEL 5800 CAMINO DEL SOL SUITE 200 BOCA RATON, FL 33433

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BOCA RATON, FL 33433			IN THIS SPACE		
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 stie if a	pplicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	LE NOWIII FEE IS \$150.00 ue by September 14, 2007	Election Campaign Financ Trust Fund Contribution	-	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	D. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUADALUPE, ADELE 5800 CAMINO DEL SOL, SUITE 200 BOCA RATON, FL 33433				
THTLE NAME STREET ADDRESS CITY-ST-ZIP	TS GUADALUPE, MANUEL 5800 CAMINO DEL SOL, SUITE 200 BOCA RATON, FL 33433				U00000765844 06/04/07-80007-008 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE	the free with a things				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS

BROATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OF SMECTOR

5/29/07 361-0488 Date Prone 8