


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

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| DOCUMENT # P01000051041 1. Entity Name A.H.C. MANA PRODUCTION CORP. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 178 200TH DRIVE #605 SUNNY ISLES, FL 33160 | | | Mailing Address 178 200TH DRIVE #605 SUNNY ISLES, FL 33160 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1849 S. OCEAN DR #1107 | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State HALLANDALE FL. | | City & State | | 4. FEI Number 65-1125376 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33009 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent CUELLO, ARIEL HERNAN 178 200TH DRIVE #605 SUNNY ISLES, FL 33160 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CUELLO, ARIEL HERNAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>178 200TH DRIVE, #605</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNNY ISLES, FL 33160</td> <td></td> </tr> </table> | | | TITLE | D | <input type="checkbox"/> Delete | NAME | CUELLO, ARIEL HERNAN | | STREET ADDRESS | 178 200TH DRIVE, #605 | | CITY-ST-ZIP | SUNNY ISLES, FL 33160 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1849 S. OCEAN DR #1107</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HALLANDALE - FL 33009</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | 1849 S. OCEAN DR #1107 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | HALLANDALE - FL 33009 | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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: _____ 4/26/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |