

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90078 048 \*\*\*150.00

<b>DOCUMENT # P01000051041</b> 1. Entity Name <b>A.H.C. MANA PRODUCTION CORP.</b>					
Principal Place of Business <b>1849 S. OCEAN DR., #1107 HALLANDALE, FL 33009</b>			Mailing Address <b>2000 NE 135 ST 910 MIAMI, FL 33181</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2080 S. OCEAN DR #1102</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>1102</b>			
City & State		City & State <b>HALLANDALE BEACH</b>			
Zip	Country	Zip <b>33009 FL</b>	Country	4. FEI Number <b>65-1125376</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CUELLO, ARIEL HERNAN 178 200TH DRIVE #605 SUNNY ISLES, FL 33160</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CUELLO, ARIEL HERNAN 1849 S. OCEAN DR., #1107 HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

