2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P01000051041 -04-18-2008 90020 042 ***150 00 A.H.C. MANA PRODUCTION CORP. Principal Place of Business Mailing Address 2080 S OCEAN DR 1849 S. OCEAN DR., #1107 HALLANDALE, FL 33009 **SUITE 1102** HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 2080 S. OCEAN DR 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192008 Chg-P CR2E034 (12/06) 1102 City & State FLORID 7 4. FEI Number Applied For HALLANDALE BEACH 65-1125376 Not Applicable 3 300 g Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CUELLO, ARIEL HERNAN** Street Address (P.O. Box Number is Not Acceptable) 178 200TH DRIVE #605 SUNNY ISLES, FL 33160 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change Addition NAME **CUELLO, ARIEL HERNAN** NAME 1849 S. OCEAN DR., #1107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY+ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED