

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

7/28/

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90149 040 \*\*\*150.00  
09-11-2003 90087 010 \*\*\*408.75

DOCUMENT # **P02000061459**



1. Entity Name  
**MANPOWER INSTALLERS INC.**

**30100141**

Principal Place of Business  
19916 SW 5 CT  
PEMBROKE PINES FL 33029

Mailing Address  
19916 SW 5 CT  
PEMBROKE PINES FL 33029

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**3529 SW 112 PLACE**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL.**

4. FEI Number  
**02-0611609**

Applied For  
 Not Applicable

Zip Country  
**33165**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BENITEZ, BOB  
3529 SW 112 PL  
MIAMI FL 33165**

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 *[Signature]* DATE **7/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVT HERRERO, GERARDO 19916 SW 5 CT PAMBROKE PINES FL 33029</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 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: **SIGNATURE REQUIRED** DATE **7/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)