

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 046 ***150.00

DOCUMENT # P06000073465

1. Entity Name
 MANA HOLDINGS, INC.



Principal Place of Business 8700 W. FLAGLER ST., STE. 165 MIAMI, FL 33174	Mailing Address 8700 W. FLAGLER ST., STE. 165 MIAMI, FL 33174
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2. Principal Place of Business - No P.O. Box # 4325 E 60 ave	3. Mailing Address 310 East 60st
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah FL.	City & State Hialeah, FL.
Zip 33013	Zip 33013
Country USA/Dade	Country USA/Dade

02152007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4996976

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



6. Name and Address of Current Registered Agent

DIAZ, O.J.
 7951 SW 40 ST., STE. 206
 MIAMI, FL 33155

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: 2-16-07

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, 2007 Fee will be \$550.00

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	VSD PEREZ, ELSA 8700 W. FLAGLER ST., STE. 165 MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREZ, FERNANDO 8700 W. FLAGLER ST., STE. 165 MIAMI, FL 33174 <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.

SIGNATURE: *[Signature]* DATE: 2-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DAYTIME PHONE #