


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 240244 1. Entity Name MANUCY -J H- INC	
--	---

Principal Place of Business
4694 PALM AVE
SUITE 203
HIALEAH, FL 33012 US

Mailing Address
4694 PALM AVE
SUITE 203
HIALEAH, FL 33012



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0906114	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	-----------------------------------

6. Name and Address of Current Registered Agent

GOMIS, JACOB
4694 PALM AVENUE
SUITE 203
HIALEAH, FL 33023

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DSV GOMIS, JACOB 5917 SW 114TH AVENUE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HERNANDEZ, BERNABE A 1636 SW 18TH AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT DUPUIS, JOY 715 WEST 50TH STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000505259
04/26/06-80109-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2006

305-822-7811

Date

Daytime Phone #