

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                         |                                 |                                                                               |                                                                                                                                         |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>DOCUMENT # 249956</b>                                                                                                                                                                                                      |                         |                                 |                                                                               |                                                        |                              |
| 1. Entity Name<br><b>MANNAGAI KENNELS INC</b>                                                                                                                                                                                 |                         |                                 |                                                                               |                                                                                                                                         |                              |
| Principal Place of Business<br><b>5901 S.W. 160TH AVENUE<br/>FORT LAUDERDALE FL 33331</b>                                                                                                                                     |                         |                                 | Mailing Address<br><b>5901 S.W. 160TH AVENUE<br/>FORT LAUDERDALE FL 33331</b> |                                                                                                                                         |                              |
| 2. Principal Place of Business                                                                                                                                                                                                |                         |                                 | 3. Mailing Address                                                            |                                                                                                                                         |                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                         |                                 | Suite, Apt. #, etc.                                                           |                                                                                                                                         |                              |
| City & State                                                                                                                                                                                                                  |                         |                                 | City & State                                                                  |                                                                                                                                         |                              |
| Zip                                                                                                                                                                                                                           | Country                 | Zip                             | Country                                                                       | 4. FEI Number<br><b>59-1011437</b>                                                                                                      |                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                         |                                 |                                                                               | Applied For<br>Not Applicable                                                                                                           |                              |
| 6. Name and Address of Current Registered Agent<br><br><b>CHAPLES, MARYGAY<br/>5901 S.W. 160 AVE.<br/>FORT LAUDERDALE FL 33314</b>                                                                                            |                         |                                 |                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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</b><br><b>After May 1, 2006 Fee Will Be \$650.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                         |                                 |                                                                               | <b>9. Election Campaign Financing</b><br><b>Trust Fund Contribution. <input type="checkbox"/></b> <b>\$5.00 May Be Added to Fees</b>    |                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.                        |                                                                                                                                         |                              |
| TITLE                                                                                                                                                                                                                         | P                       | <input type="checkbox"/> Delete | TITLE                                                                         | <input type="checkbox"/> Change                                                                                                         | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          | CHAPLES, MARYGAY        |                                 | NAME                                                                          |                                                                                                                                         |                              |
| STREET ADDRESS                                                                                                                                                                                                                | 5901 SW 160 AVE         |                                 | STREET ADDRESS                                                                |                                                                                                                                         |                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | FT. LAUDERDALE FL 33331 |                                 | CITY-ST-ZIP                                                                   |                                                                                                                                         |                              |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                                         | <input type="checkbox"/> Change                                                                                                         | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                                          |                                                                                                                                         |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                                |                                                                                                                                         |                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                         |                                 | CITY-ST-ZIP                                                                   |                                                                                                                                         |                              |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                                         | <input type="checkbox"/> Change                                                                                                         | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                                          |                                                                                                                                         |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                                |                                                                                                                                         |                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                         |                                 | CITY-ST-ZIP                                                                   |                                                                                                                                         |                              |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                                         | <input type="checkbox"/> Change                                                                                                         | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                                          |                                                                                                                                         |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                                |                                                                                                                                         |                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                         |                                 | CITY-ST-ZIP                                                                   |                                                                                                                                         |                              |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                                         | <input type="checkbox"/> Change                                                                                                         | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                                          |                                                                                                                                         |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                                |                                                                                                                                         |                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                         |                                 | CITY-ST-ZIP                                                                   |                                                                                                                                         |                              |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1011437**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$650.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P

CHAPLES, MARYGAY

5901 SW 160 AVE

FT. LAUDERDALE FL 33331

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marygay Charles MARYGAY Charles 2/2/06 954-325122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #