


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90228 024 ***150.00

DOCUMENT # F02000002176		
1. Entity Name MANAPLAS, S.A.		

Principal Place of Business CENTRO INDUSTRIAL LAS ADJUNTAS, MACARAO P.O. BOX 2045, CARACAS 1020-A VENEZUELA,	Mailing Address 2800 GLADES CIRCLE - SUITE #E-102 WESTON, FL 33337
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2. Principal Place of Business		3. Mailing Address 11904 HIRAMAR PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HIRAMAR, FLORIDA	
Zip	Country	Zip 33025	Country

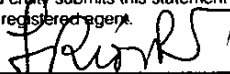


05012006 Chg-P CR2E034 (11/05)

4. FEI Number 73-1647715	Applied For <input type="checkbox"/> Not Applicable
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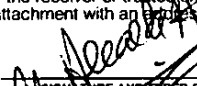
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIOS, LEOPOLDO G A 2800 GLADES CIRCLE - SUITE #E-102 FORT LAUDERDALE, FL 33337	
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7. Name and Address of New Registered Agent Name RIOS, LEOPOLDO G. Street Address (P.O. Box Number is Not Acceptable) 11904 HIRAMAR PARKWAY City HIRAMAR FL Zip Code 33025	
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  LEOPOLDO G. RIOS DATE 04/30/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALCALDE ABALO, SALVADOR P.O. BOX 20045 CARACAS, 120-A, VENEZUELA, <input 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	V ALCALDE ABALO, MANUEL P.O. BOX 20045 CARACAS, 120-A, VENEZUELA, <input 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	D MANUEL OTERO, JOSE P.O. BOX 20045 CARACAS, 120-A, VENEZUELA, <input 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	D ALCALDE ABALO, JOSE P.O. BOX 20045 CARACAS, 120-A, VENEZUELA, <input 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	D CUQUEJO, JUAN P.O. BOX 20045 CARACAS, 120-A, VENEZUELA, <input 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	D FORNOS, JOSE A P.O. BOX 20045 CARACAS, 120-A, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  MANUEL ALCALDE ABALO	Date 04/30/2005 Daytime Phone # (954) 442-8771