

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F08581</b><br>1. Entity Name<br><b>MANHATTAN HOUSE, INC.</b> |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1655 WASHINGTON AVE<br>MIAMI BEACH, FL 33139 | <b>Mailing Address</b><br>1655 WASHINGTON AVE<br>MIAMI BEACH, FL 33139 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



03162006 No Chg-P CR2E034 (11/05)

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|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>59-2052202</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**5. Name and Address of Current Registered Agent**

**BHOJWANI, NANDINI**  
1655 WASHINGTON AVE.  
MIAMI BCH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when registering)

DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | ST<br>BHOJWANI, KOMAL<br>1655 WASHINGTON AVE<br>MIAMI BCH, FL 33139   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VP<br>BHOJWANI, NANDINI<br>1655 WASHINGTON AVE<br>MIAMI BCH, FL 33139 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | P<br>BHOJWANI, HANSRAJ<br>1655 WASHINGTON AVE<br>MIAMI BCH, FL 33139  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Nandini Bhajwani **NANDINI BHOJWANI** 20<sup>th</sup> March 2005-674  
8849  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #