

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90042 047 ***150.00

DOCUMENT # F14557

1. Entity Name
MANHATTAN CONSTRUCTION INVESTMENT, INC.



Principal Place of Business

**810 NW 30 COURT
MIAMI, FL 33125**

Mailing Address

**810 NW 30 COURT
MIAMI, FL 33125**

94014354

2. Principal Place of Business

430 NW 48CT

Suite, Apt. #, etc.

3. Mailing Address

430 NW 48CT

Suite, Apt. #, etc.

02072004

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2113190

Applied For

Not Applicable

Zip **33126** Country

Zip **33126** Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAVARRO, JULIO
810 NW 30 CT
MIAMI, FL 33125**

7. Name and Address of New Registered Agent

Name **Navarro, Julio**

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

430 NW 48CT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/07/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **P** ☐ Delete
NAME **NAVARRO, JULIO**
STREET ADDRESS **430 NW 48 CT**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **GONZALEZ, ELIZABETH N**
STREET ADDRESS **8240 NW 199 ST**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

02/07/04
Date

786-286-1053
Daytime Phone #