


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90101 019 ***150.00

DOCUMENT # G42795
 1. Entity Name
MUNAO MANAGEMENT CO., INC.



Principal Place of Business Mailing Address
 2400 LAKERIDGE DR 2400 LAKERIDGE DR.
 PALM CITY, FL 34990 US PALM CITY, FL 34990 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc.
1951 SW Trailside Run Suite, Apt. #, etc.

City & State City & State
STUART, FL

Zip Country Zip Country
34997 **MARTIN**

01212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2788557 Not Applicable

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

8. Name and Address of Current Registered Agent
MUNAO, NATE III
2400 LAKERIDGE DR.
PALM CITY, FL 34990

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1951 SW TRAILSIDE Run
 City State Zip Code
STUART **FL** **34997**

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 re-registering) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PST MUNAO, NATALE III 2400 LAKE RIDGE DRIVE PALM CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1951 SW TRAILSIDE Run STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: Nate Munao III Date: 1-26-04 Daytime Phone #: 772 631-4189
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Nate Munao III