


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90046 036 \*\*\*150.00

<b>DOCUMENT # K54523</b> 1. Entity Name <b>MAN-MAR, INC.</b>			
Principal Place of Business <b>11226 PINES BLVD. PEBROKE PINES FL 33026 US</b>		Mailing Address <b>11226 PINES BLVD. PEBROKE PINES FL 33026 US</b>	
2. Principal Place of Business <b>9051 N.W. 19 Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>9051 N.W. 19 Street</b> Suite, Apt. #, etc.	
City & State <b>Pembroke Pines, FL</b> Zip <b>33024</b> Country		City & State <b>Pembroke Pines, FL</b> Zip <b>33024</b> Country	
4. FEI Number <b>65-0086711</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POLCYN, PHYLLIS 11226 PINES BLVD. PEMBROKE PINES FL 33026</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9051 N.W. 19 Street</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33024</b>	
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 <u><i>Myke B</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/27/04</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD POLCYN, T.J. 11226 PINES BLVD PEMBROKE PINES FL 33026	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9051 N.W. 19 Street</b> <b>Pembroke Pines, FL 33024</b>
TITLE	STD POLCYN, PHYLLIS 11226 PINES BLVD. PEMBROKE PINES FL 33026	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9051 N.W. 19 Street</b> <b>Pembroke Pines, FL 33024</b>
TITLE	M POWER, BRANDY 11226 PINES BLVD PEMBROKE PINES FL 33026	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9051 N.W. 19 Street</b> <b>Pembroke Pines, FL 33024</b>
TITLE	M HEYNER, TRACY 11226 PINES BLVD PEMBROKE PINES FL 33026	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9051 N.W. 19 Street</b> <b>Pembroke Pines, FL 33024</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<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:** *Myke B*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04  
Date

954-410-0204  
Daytime Phone #