2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # K54523 1. Entity Name 02-09-2005 90044 050 ***150.00 MAN-MAR, INC. Principal Place of Business Mailing Address 9051 NW 19 STREET PEMBROKE PINES FL 33024 9051 NW 19 STREET PEMBROKE PINES FL 33024 3. Mailing Address 5360 Williams 2. Principal Place of Business 5360 Williams Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State 4. FEI Number Applied For 65-0086711 T. Myers Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Lee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLCYN, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 9051 NW 19 STREET PEMBROKE PINES FL 33024 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Addition Change 5360 Williams Drive FT. Myers Beach, FL 33931 NAME POLCYN, T.J. NAME 9051 NW 19 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP STD Detete-THE 5360 Williams Drive FT. Myers BEACH, FL 33931 NAME POLCYN, PHYLLIS NAME 9051 NW 19 STREET STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE NAME POWER, BRANDY NAME 5360 Williams Drive Fr. Myeirs Beach, FL 33931 STREET ADDRESS STREET ADDRESS 9051 NW 19 STREET CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP THILE ☐ Delete TITLE Addition HEYNER, TRACY NAME NAME 5360 Williams DRIVE FT. Myers BEACH, FL 33931 9051 NW 19 STREET STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

FILED