


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # K97832 1. Entity Name MANATEE INTERNATIONAL ENTERPRISES INC.	
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Principal Place of Business 935 JADE CT WESTON, FL 33326 US	Mailing Address PO BOX 266124 WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0129638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESTRADA, CELINA E 935 JADE CT WESTON, FL 33326	DO NOT WRITE IN THIS SPACE
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTRADA, CELINA E 935 JADE CT WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESTRADA, WALTER A 935 JADE CT WESTON, FL 33326
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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: *Celina Estrada* **02/21/07** **(904) 384-4391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #