


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000021605</b>	
1. Entity Name <b>MANNY &amp; RAPHY AUTO REPAIR, INC.</b>	

Principal Place of Business <b>19 HARGROVE GRADE UNIT #5 PALM COAST, FL 32137</b>	Mailing Address <b>POST OFFICE BOX 353704 PALM COAST, FL 32135-3704</b>
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01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3629216</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>
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IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TENORIO, MANUEL 19 HARGROVE GRADE UNIT#5 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, RAFAEL 19 HARGROVE GRADE UNIT#5 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMZALEZ, MARGARITA 19 HARGROVE GRADE UNIT#5 PALM COAST, FL 32137
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02/08/06-80019-007 150.00

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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: Manuel Tenorio MANUEL TENORIO 1-25-06(386) 4478500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #