~ ____ 2G07 FOR PROFIT CORPORATION ANNUAL REPORT

Vel H.Bra

SIGNATURE:

DAVIS BRAND

Secretary of State **DOCUMENT # P00000033398** 02-07-2007 90039 024 ***158.75 INVERSIONES MANX, INC. Principal Place of Business Mailing Address 40010559 9737 N.W. 41 STREET,#186 9737 N.W. 41 STREET, #186 MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-1014969 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Oau:d TORRES, DAVID Street Address (P.O. Box Number is Not Acceptable) 9737 N.W. 41 STREET,#186 MIAMI, FL 33178 Miam 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. 01/19/2007 mil H. Bru DAVID BRAUN **SIGNATURE** typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete David Braun #186 TORRES, DAVID NAME NAME STREET ADDRESS 9737 NW 41ST ST, #186 STREET ADDRESS 33178 CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠΊΙΕ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE Change . Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP 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.

Dulalzon

(35) 48-2408

Daytime Phone #

FILED

Feb 07, 2007 8:00 am