

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104455

FILED
Aug 31, 2009
Secretary of State

Entity Name: MANNY FUENTES & COMPANY, INC.

Current Principal Place of Business:

7105 SW 47TH STREET
407
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7105 SW 47 STREET
#407
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1071243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, MANUEL A P
7105 SW 47 ST.
#407
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUENTES, MANUEL A
Address: 8260 SW 95TH ST.
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: FUENTES, LISA P
Address: 8260 SW 95TH ST.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL FUENTES

P

08/31/2009

Electronic Signature of Signing Officer or Director

_____ Date