

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

40040747

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03052007 Chq-P CR2E034 (12/06)

4. FEI Number	Applied For
65-1067589	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DOCUMENT # P01000002867		03-23-2007 90025 028 ***158.75	
1. Entity Name MANRESA & COMPANY, INC.			
Principal Place of Business 6570 SW 12TH ST SUITE 1 WEST MIAMI, FL 33144		Mailing Address 6570 SW 12TH ST SUITE 1 WEST MIAMI, FL 33144	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MANRESA, MIGUEL 5100 W FLAGLER ST #103 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME MANRESA, MIGUEL STREET ADDRESS 5100 W FLAGLER #103 CITY-ST-ZIP MIAMI, FL 33134		TITLE PS NAME MANRESA Miguel STREET ADDRESS 6570 SW 12 Street Ste 1 CITY-ST-ZIP Miami, FL 33144	
TITLE VP NAME MANRESA, VERONICA STREET ADDRESS 5100 W FLAGLER #103 CITY-ST-ZIP MIAMI, FL 33134		TITLE VP NAME MANRESA Veronica STREET ADDRESS 6570 SW 12 Street Ste 1 CITY-ST-ZIP Miami, FL 33144	
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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: Miguel Manresa		03-12-07 786-556-1149	