


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 022 ***150.00

DOCUMENT # P01000034782	
1. Entity Name MANNY DALUZ, INC.	

Principal Place of Business 250 56 STREET N SAINT PETERSBURG, FL 33710	Mailing Address 250 56 STREET N SAINT PETERSBURG, FL 33710
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04152006 No-Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3711184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DALUZ, EMANUEL 250 56 STREET N SAINT PETERSBURG, FL 33710	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP DALUZ, EMANUEL 250 56 STREET N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALUZ, JOSE 7454 CEDAR ST NE SAINT PETERSBURG, FL 33703
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**DO NOT WRITE
IN THIS SPACE**

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:  **PRESIDENT** **4-24-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EMANUEL DALUZ** Date Daytime Phone #