



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90342 039 \*\*\*158.75

<b>DOCUMENT # P01000092709</b>					
<b>1. Entity Name</b> MANHATTAN CAPITAL ADVISORS, INC.					
<b>Principal Place of Business</b> WEST TOWER 777 S FLAGLER DR, SUITE 800 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> WEST TOWER 777 S FLAGLER DR, SUITE 800 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b> 2655 N. OCEAN DRIVE Suite, Apt. #, etc. SUITE 328 City & State WEST PALM BEACH, FL Zip 33404 Country USA		<b>3. Mailing Address</b> 2655 N. OCEAN DRIVE Suite, Apt. #, etc. SUITE 328 City & State WEST PALM BEACH, FL Zip 33404 Country USA			
04122004      Chg-P      CR2E034 (10/03)		<b>4. FEI Number</b> 65-1140999		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 - Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> TOBIN, WILLIAM DAVID C/O 777 S FLAGLER DR. WEST TOWER, STE. 800 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2655 N. OCEAN DRIVE, SUITE 328 City WEST PALM BEACH      FL      Zip Code 33404		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOBIN, WILLIAM D % 777 S. FLAGER, W. TOWER, STE 800 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2655 N. OCEAN DRIVE, STE. 328 WEST PALM BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/15/04      Daytime Phone #: 925-6692		