

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90208 013 ***150.00

DOCUMENT # P02000041122

1. Entity Name

MAN POWER ENTERPRISE, INC.



Principal Place of Business

6945 N.W. 20TH AVENUE
MIAMI FL 33147

Mailing Address

POST OFFICE BOX 600293
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

6600 N.W. 27th Ave

Suite, Apt. #, etc.

Miami FL

City & State

33

Zip

33147

Country

Miami FL

3. Mailing Address

P.O. Box 600293

Suite, Apt. #, etc.

N.M. B FL

City & State

33160

Zip

33160

Country

4. FEI Number

46-0479000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, LARON
6945 N.W. 20TH AVENUE
MIAMI FL 33147

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

Laron Frazier

Owner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete

NAME FRAZIER, LARON
STREET ADDRESS 6945 N.W. 20TH AVENUE
CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Delete

NAME Frazier, Frazier
STREET ADDRESS 6600 N.W. 27th Ave
CITY-ST-ZIP Miami FL 33147

TITLE ☐ Delete

NAME George Wolfgang
STREET ADDRESS 6945 N.W. 20th Ave
CITY-ST-ZIP Miami FL 33147

TITLE ☐ Delete

NAME Marcia Frazier
STREET ADDRESS 6945 N.W. 20th Ave
CITY-ST-ZIP Miami FL 33147

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #