

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000088526

1. Entity Name
MANFIO CORPORATION



Principal Place of Business
**15509 MIAMI LAKES WAY
203
MIAMI LAKES, FL 33014**

Mailing Address
**15509 MIAMI LAKES WAY
203
MIAMI LAKES, FL 33014**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0558698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANFIO, RONALDO
15509 MIAMI LAKES WAY
203
MIAMI LAKES, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000567074
06/12/06-80006-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP, S
NAME	MANFIO, ELOE M
STREET ADDRESS	1550 MIAMI LAKES WAY #203
CITY - ST - ZIP	MIAMI, FL 33014
TITLE	P, T
NAME	MANFIO, RONALDO
STREET ADDRESS	1550 MIAMI LAKES WAY #203
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.15.06

Date

305.591.9896

Daytime Phone #