

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90136 008 ***550.00

0683204 FP

DOCUMENT # P02000118520

1. Entity Name
MANUEL ENTERPRISE INC.



Principal Place of Business
891 NW 213TR APT 201
MIAMI FL 33169

Mailing Address
891 NW 213TR APT 201
MIAMI FL 33169



2. Principal Place of Business
2281 SHERMAN CIRCLE S.

3. Mailing Address
2281 SHERMAN CIRCLE S.

Suite, Apt. #, etc.
B-503

Suite, Apt. #, etc.
B-503

CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR FL.

City & State
MIRAMAR FL.

4. FEI Number
06-165-7829

Applied For
Not Applicable

Zip Country
33025 USA

Zip Country
33025 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANUEL, CALVIN
891 NW 213TR APT 201
MIAMI FL 33169

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
PST
MANUEL, CALVIN
STREET ADDRESS 891 NW 213TR APT 201
CITY-ST-ZIP MIAMI FL 33169

TITLE NAME Change Addition
RAY-ANN PHELLIP

TITLE NAME Delete
MANUEL, CHARLES
STREET ADDRESS 891 NW 213TR APT 201
CITY-ST-ZIP MIAMI FL 33169

TITLE NAME Change Addition
2281 SHERMAN CIRCLE S. B-503
MIRAMAR FL. 33025

TITLE NAME Delete

TITLE NAME Change Addition
TREASURER/BOOKKEEPER
RAY-ANN PHELLIP

TITLE NAME Delete

TITLE NAME Change Addition
SECRETARY
RAY-ANN PHELLIP

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 178.07(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: _____ DATE: 05/27/03 (786) 262-5572

CR2E034 (10/02)