


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am.
Secretary of State

05-13-2005 90229 015 ***150.00

DOCUMENT # P02000129392	
1. Entity Name MANCHO'S DETAILS INC.	

Principal Place of Business 9490 S.W. 72 STREET MIAMI, FL 33173	Mailing Address 9490 S.W. 72 STREET MIAMI, FL 33173
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2. Principal Place of Business 5795 NW 109 AVE	3. Mailing Address P.O. Box 833178
Suite, Apt. #, etc. 8	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33178	Country
Country	Zip 33283
Country	Country

05092005 Chg-P CR2E034 (10/03)

4. FEI Number 41-2071029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENAO, ASTRID 9490 SW 72 STREET MIAMI, FL 33173	
7. Name and Address of New Registered Agent Name GERMAN GUZMAN E Street Address (P.O. Box Number is Not Acceptable) 5795 NW 109 AVE #8 City MIAMI FL Zip Code 33178	

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 German E Guzman Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, GERMAN E 8875 SW 147TH AVE #1211 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, GERMAN E 5795 NW 109 AVE #8 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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

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.	
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SIGNATURE: German E Guzman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	05/09/05 Date	Daytime Phone #
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