


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90057 048 ***150.00

DOCUMENT # P03000020068

1. Entity Name
 THE LAW OFFICES OF LLOYD MANKES, P.A.



Principal Place of Business
 4938 SARAZEN DRIVE
 HOLLYWOOD, FL 33021

Mailing Address
 4938 SARAZEN DRIVE
 HOLLYWOOD, FL 33021 US

2. Principal Place of Business - No P.O. Box #
 2404 HOLLYWOOD BLVD

3. Mailing Address
 2404 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State
 HOLLYWOOD FLORIDA

City & State
 HOLLYWOOD FLORIDA

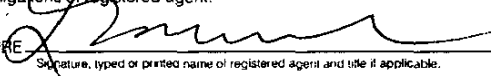
Zip
 2404

Country
 U.S.A

6. Name and Address of Current Registered Agent
 MANKES, LLOYD
 4938 SARAZEN DRIVE
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name: MANKES LLOYD
 Street Address (P.O. Box Number is Not Acceptable):
 2404 HOLLYWOOD BLVD
 City: HOLLYWOOD FL Zip Code: 33020

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:  DATE: 6/15/07

(NOTE: Registered Agent signature required when reinstating)

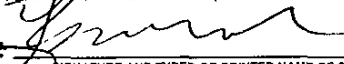
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANKES, LLOYD 4938 SARAZEN DRIVE HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANKES LLOYD 2404 HOLLYWOOD BLVD HOLLYWOOD FLORIDA 33020	<input checked="" 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
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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 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:  DATE: 6/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR