


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90150 027 ***150.00

DOCUMENT # P03000067657

1. Entity Name
MANILA HOME CARE, INC.



Principal Place of Business Mailing Address
5463 LANDIS AVENUE **5463 LANDIS AVENUE**
PORT ORANGE FL 32129 **PORT ORANGE FL 32129**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **54-59-2114837** Applied For
 Not Applicable

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**

FLORDELIZ, ORLINO A
5463 LANDIS AVENUE
PORT ORANGE FL 32129

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | D <input type="checkbox"/> Delete FLORDELIZ, DONATA B | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLORDELIZ, DONATA B | NAME | |
| STREET ADDRESS | 5463 LANDIS AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | PORT ORANGE FL 32129 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete FLORDELIZ, ORLINO A | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLORDELIZ, ORLINO A | NAME | |
| STREET ADDRESS | 5463 LANDIS AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | PORT ORANGE FL 32129 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **4/14/06** Daytime Phone #: **(386) 756-4153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR