


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-04-2008 90008 032 *****8.75
 06-23-2008 90001 007 ***141.25

DOCUMENT # P03000067657

1. Entity Name
MANILA HOME CARE, INC.



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

2. Principal Place of Business - No P.O. Box #
5463 LANDIS AVENUE

3. Mailing Address
316 MOSS AVE

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

City & State City & State
PORT ORANGE **PORT ORANGE FL.**

Zip Country Zip Country
32127 USA **32127 USA**

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

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

2nd MOORE CR2E034 (4/08)



6. Name and Address of Current Registered Agent

FLODELIZ, ORLINO A
5463 LANDIS AVENUE
PORT ORANGE FL 32129

7. Name and Address of New Registered Agent

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, or filer if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLODELIZ, DONATA B	
STREET ADDRESS	5463 LANDIS AVENUE	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLODELIZ, ORLINO A	
STREET ADDRESS	5463 LANDIS AVENUE	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Donata Flodeliz **DONATA FLODELIZ** **5-28-08** **(384) 756-4153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #