


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 19, 2007 08:00 A  
Secretary of State

DOCUMENT # P03000075869  
1. Entity Name  
MANACA INVESTMENT CORPORATION



Principal Place of Business  
1643 BRICKELL AVE #4102  
MIAMI, FL 33129

Mailing Address  
1643 BRICKELL AVE #4102  
MIAMI, FL 33129

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
58-2676497

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
EL-NAFFY, HANI  
1643 BRICKELL AVE #4102  
MIAMI, FL 33129

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EL-NAFFY, HANI K 1643 BRICKELL AVE # 4102 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EL-NAFFY KALOUCHE, DANIELLE 1643 BRICKELL AVE # 4102 MIAMI, FL 33129
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00000593413  
01/22/07-80031-011 150.00

**DO NOT WRITE IN THIS SPACE**

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:  1/16/07 (305) 520-8109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #