

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90046 015 ***150.00

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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

90004000



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! (FEE IS \$150.00)
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EL-NAFFY, HANI <i>HANI EL-NAFFY</i>
STREET ADDRESS	1643 BRICKELL AVE # 4102
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VD <i>DANIELLE EL-NAFFY</i>
NAME	EL-NAFFY KALOUCHE, DANIELLE
STREET ADDRESS	1643 BRICKELL AVE # 4102
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08
Date

(305) 520-8109
Daytime Phone #