


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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

01-16-2008 90046 015 ***150.00

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

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2676497

Applied For
Not Applicable

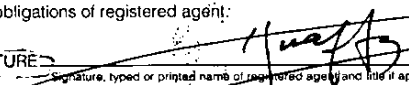
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EL-NAFFY, HANI
1643 BRICKELL AVE #4102
MIAMI, FL 33129

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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)

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

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

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	

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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: *1/10/08* DAYTIME PHONE #: *(305) 520-8109*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR