2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P03000147430

Entity Name: MANNY'S PROFESSIONAL SERVICE CORP.

Current Principal Place of Business:

199 E. MCNAB RD. APT. #101
POMPANO BEACH, FL 33060

New Principal Place of Business:

911 SW 15TH ST APT 402
POMPANO BEACH, FL 33060

Current Mailing Address:

199 E. MCNAB RD. APT. #101
POMPANO BEACH, FL 33060

New Mailing Address:

911 SW 15TH STREET APT 402
POMPANO BEACH, FL 33060

FEI Number: 35-2220918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSTINZA, MANUEL ENRIQUE
199 E. NCNAB R.D #101
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

BUSTINZA, MANUEL ENRIQUE
911 SW 15TH STREET APT 402
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: MANUEL BUSTINZA 04/19/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: M ( ) Delete
Name: BUSTINZA, MANUEL ENRIQUE
Address: 199 E. MCNABRD. APT. #101
City-St-Zip: POMPANO BEACH, FL 33060

Title: SUPV ( ) Delete
Name: BUSTINZA, CARLOS DANIEL
Address: 1625 NE 1ST ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition
Name: BUSTINZA, MANUEL ENRIQUE
Address: 911 SW 15TH STREET APT 402
City-St-Zip: POMPANO BEACH, FL 33060

Title: SUPV (X) Change ( ) Addition
Name: BUSTINZA, CARLOS DANIEL
Address: 911 SW 15TH STREET APT 402
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL BUSTINZA PRES 04/19/2005
Electronic Signature of Signing Officer or Director Date