2005 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNOAL REPORT | | | | | | | | | | | |
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| DOCUI 1. Entity Nam MANZAN | 6 | | | | [5] [1] D5 MAY 31 | | | | | | |
| Principal Place of Business | | | | Mailing Address | | | | | mittle | Ь | |
| · | | | · · · · · · · · · · · · · · · · · · · | | | , 51 | LUNE MARY | • • | | | |
| 2911 TILDEN LANE TALLAHASSEE, FL 32312 US | | | 2911 TILDEN LANE TALLAHASSEE, FL 32312 US | | | IAL | LAHASCE | يماز فريران | | | |
| TALLAHASSEE, PL 32312 US | | | IALLARASSEE, FL 32312 US | | | | LAHASSE | -, t L OR | ID L | | |
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| 2. Principal Place of Business | | | | 3. Mailing Address | | | - | | | | |
| z. Trincipal Flace of Business | | | b. Maring Addiess | | | | | | BIE IEWI IEBIE UI | HANDA HA KANA | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | -74V | | | | | |
| Suite, Apr. #, etc. | | | Suite, Apt. #, etc. | | | 65312005 | Chg-P | CR2E0 | 34 (10/03) | | |
| City & State | | | City & State | | | 4. FEI Numb | | | I IAn | plied For | |
| Oily a State | | | Oity & State | | | | 20-046 | | | <u> </u> | ot Applicable |
| Zip Country | | Zip Count | | | tn. | 20-040 | 71730 | | | * | |
| Ziβ | 1 | Country | | Z:p | Coun | uy | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | |
| | <u> </u> | and Address of Current | l Dank | | | i e | 7 Name and | d Address ad State | Daulata d | | · |
| | o. Name | and Address of Current | negi: | stereo Agent | | Name | 7. Name and | d Address of New | Hegisterea / | Ageni | |
| RADNES & IAMES DA | | | | | TANHO | | | | | | |
| BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD | | | | | | Street Address | (P.O. Box Numb | er is Not Acceptab | le) | | |
| TALLAHASSEE, FL 32301 | | | | | | | | | · . | | |
| TALBATIAGGEL, I E 32301 | | | | | | | | | | | |
| | | | | | | 0.7 | | | | T . O . 1 | |
| | | | | | | City | | | FL | Zip Cod | e |
| 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 o | or printed name of registered agent a | and title | if applicable. (NOT | E: Registere | d Agent signature requir | red when reinstating) | | DATE | | |
| | | | | | | | | T | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | | | 9. Election Campa Trust Fund Cont | | J.00 May Be led to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. | | OFFICERS AND | DIRE | CTORS | 11. | | ADDITIONS | /CHANGES TO OF | FICERS AND | DIRECTOR | S IN 11 |
| TITLE | PRES | | | ☐ Delete | TITL | Ε [| | | | ☐ Change | ☐ Addition |
| NAME | MANZANO, CRISTINA NAM | | | | | E | | | | | |
| STREET ADDRESS | 2911 TILDEN LANE STRE | | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | |
| TITLE | VP Delete TITLE | | | | | : | | | | Change | Addition |
| NAME | MANZANO, MARTIN | | | | | | | | | | |
| STREET ADDRESS | • | | | | | ET ADDRESS | 000055977030 06/09/0501051019 **150.00 | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | 05/0 | /9//050105 | 31019 | **150 | .00 | |
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| NAME | | EZ, ISREAL | | | NAM | | | | | | |
| STREET ADDRESS | 2911 TILD | | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | TALLAHAS | SSEE, FL 32312 | | | CITY | -ST-ZIP | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | Change | Addition |
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| NAME | | | | | NAM | Ε | | | | | |
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| NAME | | | | | | ET ADDRESS | | | | | |
| STREET ADDRESS | | | | | | EI MUUNESS I | | | | | |
| | | | | | | -ST-ZIP | | | | | |
| STREET ADDRESS CITY-ST-ZIP | cartify that the | information supplied with | thic | filing does not qualify to | CITY | -ST-ZIP | Section 119 07(2) | (ii) Elorida Statutos | I further cor | tifu that the is | otormation |
| STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated | f on this report | information supplied with or supplemental report is | true | and accurate and that r | city the exe | -ST-ZIP mption stated in State shall have the | e same legal efte | ct as if made under | oath; that I a | am an officer | or director |
| STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor | f on this report reporation or the | or supplemental report is e receiver or trustee empo | true owere | and accurate and that r d to execute this report | r the exe ny signa as requi | -ST-ZIP mption stated in State shall have the | e same legal efte | ct as if made under | oath; that I a | am an officer | or director |
| STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor | f on this report reporation or the | or supplemental report is | true owere | and accurate and that r d to execute this report | r the exe ny signa as requi | -ST-ZIP mption stated in State shall have the | e same legal efte | ct as if made under | oath; that I a | am an officer n Block 10 oi | or director r Block 11 if |
| STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the corporation of the corporati | on this report rporation or the l, or on an attac | or supplemental report is e receiver or trustee empo | true owere | and accurate and that r d to execute this report | r the exe ny signa as requi | -ST-ZIP mption stated in State shall have the | e same legal efte | ct as if made under | oath; that I a | am an officer n Block 10 oi | or director r Block 11 if |
| STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor | on this report rporation or the l, or on an attac | or supplemental report is e receiver or trustee empo | true owerd with a | and accurate and that rd to execute this report II other like empowered | r the exe ny signa as requi | -ST-ZIP mption stated in Sture shall have the tred by Chapter 60 | e same legal efte | ct as if made under | oath; that I a | am an officer n Block 10 oi | or director |