


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90064 009 \*\*\*155.00

DOCUMENT # P04000003347		
1. Entity Name MANATI CONSTRUCTION, INC.		
Principal Place of Business 3741 FALLING LEAF LANE ORLANDO FL 32810		Mailing Address 3741 FALLING LEAF LANE ORLANDO FL 32810
2. Principal Place of Business Manati Construction Suite, Apt. #, etc. P.O. Box 161353 City & State Altamonte FL Zip 32716 Country Orange	3. Mailing Address Manati Construction Suite, Apt. #, etc. P.O. Box 161353 City & State Altamonte, FL Zip 32716 Country	



1st MOORE CR2E034 (10/04)

4. FEI Number 55-0855431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  OTERO, JULIO ANGEL 3741 FALLING LEAF LANE ORLANDO FL 32810	7. Name and Address of New Registered Agent Name Otero, Julio Angel Street Address (P.O. Box Number is Not Acceptable) 532 Finch Ct. City Kissimmee FL Zip Code 34759
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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: Julio Otero (NOTE: Registered Agent signature required when reinstating) DATE: 1/31/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTERO, JULIO A 3741 FALLING LEAF LANE ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Otero, Julio A. P.O. Box 161353 Altamonte, FL 32716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Julio A. Otero DATE: 1/31/05 DAYTIME PHONE: 407-484-3354

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)