


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90398 032 \*\*\*150.00

<b>DOCUMENT # P04000028372</b>	
1. Entity Name <b>MANEL INVESTMENTS, INC.</b>	

Principal Place of Business <b>17650 NW 68TH AVENUE #A3002 MIAMI, FL 33015</b>	Mailing Address <b>17650 NW 68TH AVENUE #A3002 MIAMI, FL 33015</b>
---	---

2. Principal Place of Business <b>1761 SW 116 way Miramar FL 33025</b>	3. Mailing Address <b>1761 SW 116 way Suite, Apt. #, etc.</b>
City & State <b>Miramar FL 33025</b>	City & State <b>Miramar FL 33025</b>
Zip <b>33025</b>	Country <b>FL</b>

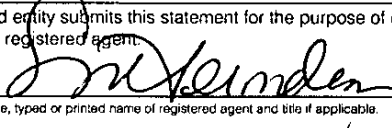
40057693



04192006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>HERNANDEZ, MADELYN 17650 NW 68TH AVENUE #A3002 MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name <b>Madelyn Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1761 SW 116 way</b> City <b>Miramar</b> FL Zip Code <b>33025</b>	
--	--	--	--


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  **Madelyn Hernandez Pres. 04/21/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P HERNANDEZ, MADELYN 17650 NW 68TH AVENUE #A3002 MIAMI, FL 33015</b> <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	<b>D GARCIA, NELSON 17650 NW 68TH AVENUE #A3002 MIAMI, FL 33015</b> <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
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
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 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:  **04/21/06 786 377 2191**