



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90117 006 \*\*\*150.00

DD1000134768

**FILED**  
**Aug 08, 2005 8:00 A.M.**  
**Secretary of State**

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P04000134768</b><br>1. Entity Name<br><b>MANNET PROPERTY MANAGEMENT, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>2302 SW 180TH AVENUE<br/>MIRAMAR, FL 33029 US</b>   |  |   |   | Mailing Address<br><b>2302 SW 180TH AVENUE<br/>MIRAMAR, FL 33029 US</b>   |  |
| 2. Principal Place of Business<br><b>2302 SW 180TH AVE</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>2302 SW 180 AVE</b><br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br><b>MIRAMAR, FL</b>  |  | City & State<br><b>MIRAMAR, FL</b>  |   | 4. FEI Number<br><b>20-1444386</b>  |  |
| Zip<br><b>33029</b>   |  | Country<br><b>Broward</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CERTIFIED TAX EXPERTS, INC.<br/>6834 STIRLING ROAD<br/>DAVIE, FL 33024</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE <u>William Tyler</u> <span style="float: right;">7/6/05</span><br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GALLARDO, ANNETTE<br>2302 SW 180TH AVENUE<br>MIRAMAR, FL 33029  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GALLARDO, MARCELO<br>2302 SW 180TH AVENUE<br>MIRAMAR, FL 33029 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Annelle Gallardo</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | 7/6/05 <span style="float: right;">954-270-0610</span><br><small>Date Daytime Phone</small> |   |  |

ATTACHMENT

292

#PDY 000134768

26062029

9/6/05

Please waive the late fee. I got the  
notice of intent to dissolve. I never got previous  
notices.

Thank you

Annette GALLARDO.

954-270-0610