


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90241 011 \*\*\*158.75

<b>DOCUMENT # P04000137082</b>	
1. Entity Name <b>LE MANZANET CORP.</b>	

Principal Place of Business <b>850 SUMMIT LAKE DR. WEST PALM BEACH FL 33406</b>	Mailing Address <b>850 SUMMIT LAKE DR. WEST PALM BEACH FL 33406</b>
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2. Principal Place of Business <b>1317 Pines Ln</b>	3. Mailing Address <b>104 Inner Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>West Palm Beach FL</b>	City & State <b>Moultrie GA</b>
Zip <b>33415</b>	Country <b>USA</b>
Country <b>USA</b>	Zip <b>31788</b>

4. FEI Number <b>20-1708610</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MANZANET, LISARDO 850 SUMMIT LAKE DR. WEST PALM BEACH FL 33406</b>	
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7. Name and Address of New Registered Agent Name <b>Manzanet, Lisardo</b>	
Street Address (P.O. Box Not Acceptable) <b>1317 Pines Ln.</b>	
City <b>West Palm Beach</b>	Zip Code <b>33415</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 _____	(NOTE: Registered Agent signature required when consolidating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LISARDO, MANZANET 850 SUMMIT LAKE DR. WEST PALM BEACH FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Lisardo Manzanet 104 Inner Circle Moultrie, GA 31788</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP EVELYN, GARCIA 850 SUMMIT LAKE DR. WEST PALM BEACH FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Evelyn Garcia 104 Inner Circle Moultrie, GA 31788</b> <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
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 Section 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: <b>Evelyn Garcia</b>	<b>561-723-6971</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____