

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 048 ***150.00

DOCUMENT # P05000003430 1. Entity Name MANATI AUTO SALES & EXPORT, INC.			
Principal Place of Business 1905 13TH STREET SAINT CLOUD, FL 34769		Mailing Address 1905 13TH STREET SAINT CLOUD, FL 34769	
2. Principal Place of Business - No P.O. Box # 1605 LOCKHART Ave		3. Mailing Address 1605 LOCKHART Ave	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Haines City		City & State Haines City	
Zip 33844		Zip 33844	
Country Polk		Country Polk	
4. FEI Number 20-2115684		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 FREYTES, SONIA N. 1118 MAIRI COURT KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Sonia N. Freytes Street Address (P.O. Box Number is Not Acceptable) 309 Thomas Dale Ave City Haines City FL Zip Code 33844	
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: <u><i>Sonia N. Freytes</i></u> 05/04/07 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when translating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSTALES, ALEJANDRO 1118 MAIRI COURT KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSTALES, ALEJANDRO 309 THOMAS DALE AVE HAINES CITY FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FREYTES, SONIA N 1118 MAIRI COURT KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FREYTES, SONIA N. 309 THOMAS DALE AVE HAINES CITY, FL 33844
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 life empowered.

SIGNATURE: *Sonia N. Freytes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/07
Date Daytime Phone #

40107053



05042007 Chg-P CR2E034 (12/06)