2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# P05000003430

Entity Name: MANATI AUTO SALES & EXPORT, INC.

Current Principal Place of Business:

1605 LOCKHART AVE
SUITE B
HAINES CITY, FL 33844

New Principal Place of Business:

1605 LOCKHART AVE
HAINES CITY, FL 33844

Current Mailing Address:

P.O BOX 453065
KISSIMMEE, FL 34745

New Mailing Address:

1605 LOCKHART AVE
SUITE B
HAINES CITY, FL 33844

FEI Number: 20-2115684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREYTES, SONIA N
1118 MAIRI CT.
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COSTALES, ALEJANDRO
Address: 1118 MAIRI CT.
City-St-Zip: KISSIMMEE, FL 34744

Title: V ( ) Delete
Name: FREYTES, SONIA N
Address: 1118 MAIRI CT.
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PA ( ) Change (X) Addition
Name: COSTALES, CARLOS E
Address: 126 DEER RUN DR
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO COSTALES P 05/06/2009
Electronic Signature of Signing Officer or Director Date