

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90026 024 ***150.00

DOCUMENT # P05000057899	
1. Entity Name MANNY PICO CORPORATION, INC.	

Principal Place of Business 210 SW 11TH ST APT 606 MIAMI, FL 33130	Mailing Address 210 SW 11TH ST APT 606 MIAMI, FL 33130
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2. Principal Place of Business 7386 SW 56 Ave.	3. Mailing Address 7386 SW 56 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33143	Zip 33143
Country USA	Country USA



02062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent PICO, MANUEL 80 SOUTH SHORE DRIVE 201 MIAMI BEACH, FL 33141	
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4. FEI Number 20-2701179	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Pico Manuel Street Address (P.O. Box Number is Not Acceptable) 7386 SW 56 Ave City Miami FL Zip Code USA	
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 _____	DATE 2-6-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	P PICO, MANUEL 80 SOUTH SHORE DRIVE 201 MIAMI BEACH, FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICO, MANUEL 7386 SW 56 Ave. MIAMI, FL 33143 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____	DATE _____