

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100811

Entity Name: MANADVENT AUTO CARE INC

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

8317 RUSTIC DR
A
TAMPA, FL 33634

New Principal Place of Business:

6910 CONATY DR
TAMPA, FL 33634

Current Mailing Address:

8724 BOYSENBERRY DR
TAMPA, FL 33635

New Mailing Address:

FEI Number: 20-3309613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROS, MARIA
8724 BOYSENBERRY DR
TAMPA, FL 33635 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROS, EMMANUEL JR
Address: 8317 RUSTIC DR SUITE A
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: BROS, MARIA
Address: 8317 RUSTIC DR SUITE A
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROS, EMMANUEL JR
Address: 6910 CONATY DR
City-St-Zip: TAMPA, FL 33634

Title: VP (X) Change () Addition
Name: BROS, MARIA
Address: 6910 CONATY DR
City-St-Zip: TAMPA, FL 33634

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: EMMANUEL BROS JR

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date