


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90196 003 \*\*\*150.00

<b>DOCUMENT # P05000115337</b>					
1. Entity Name <b>MANNY'S DELIVERY SERVICE, INC</b>					
Principal Place of Business <b>120 SW 109 AVE APT 3 MIAMI, FL 33174</b>			Mailing Address <b>120 SW 109 AVE APT 3 MIAMI, FL 33174</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RODRIGUEZ, MANUEL 120 SW 109 AVE APT 3 MIAMI, FL 33174</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL		NAME		
STREET ADDRESS	120 SW 109 AVE APT 3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		

66021555



04282006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3341115** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

<b>BERMARY, INC.</b> 8758 S.W. 8TH ST. MIAMI, FL 33174.		1742
DATE <b>4-28-06</b>		63-1139/660 01
PAY TO THE ORDER OF <b>Department of State</b>		\$ <b>150.00</b>
<b>BERMARY 150 DOLLARS 00 CTS</b>		DOLLARS <input type="checkbox"/>
<b>OCEAN BANK</b> 780 N W 42ND AVE. MIAMI, FLORIDA 33126		
FOR <b>P05000115337</b>		<b>George Bilen</b>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/5/06**

Date

Daytime Phone #