

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90018 027 \*\*\*150.00

<b>DOCUMENT # P05000147462</b>					
<b>1. Entity Name</b> MANNY AUTO SALES, INC.					
<b>Principal Place of Business</b> 1005 WEST 76 STREET, APT # 109A HIALEAH, FL 33014 US			<b>Mailing Address</b> 1005 WEST 76 STREET, APT # 109A HIALEAH, FL 33014 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2290 S. State Rd 7		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State Miramar, FL		City & State		<b>4. FEI Number</b> 20-3735650	
Zip 33023		Country U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARTINEZ, MARTHA 1005 WEST 76 STREET, APT # 109A HIALEAH, FL 33014			<b>7. Name and Address of New Registered Agent</b> Name <u>Olmedo Manuel</u> Street Address (P.O. Box Number is Not Acceptable) <u>1005 W. 76th St. # 109A</u> City <u>Hialeah</u> <b>FL</b> Zip Code <u>33014</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>Olmedo, Manuel.</u> DATE: <u>3/31/08.</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST OLMEDO, MANUEL 1005 WEST 76 STREET, APT # 109A HIALEAH, FL 33014	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Olmedo Manuel</u> DATE: <u>3/31/08.</u> (954) 322-4241					

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