

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90097 040 ***150.00

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|---|---|---|--|---|---|--|
| DOCUMENT # P05000152133 | | | | | | |
| 1. Entity Name MANLIN INVESTMENTS CORP. | | | | | | |
| Principal Place of Business 8533 SW 133 PL MIAMI, FL 33183 | | | Mailing Address 8533 SW 133 PL MIAMI, FL 33183 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | |
| City & State | | | City & State | | | |
| Zip | | Country | | Zip | | |
| Country | | Country | | 04232007 Chg-P CR2E034 (12/06) | | |
| 4. FEI Number 20-5097471 | | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MARQUEZ & MARCELO-ROBAINA, P.A. 6303 BLUE LAGOON DR STE 390 MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent Name: <u>Lopez, Samuel Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>8533 SW. 133 Place</u> City: <u>MIAMI</u> FL Zip Code: <u>33183</u> | | | |
| 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: <u>[Signature]</u> DATE: <u>4/20/07</u> | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DPS LOPEZ, MANUEL 8533 SW 133 PL MIAMI, FL 33183 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>[Signature]</u> | | | | Date: <u>4/20/07</u> Daytime Phone: <u>305 (635-0020)</u> | | |