

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165046

**FILED**  
**Jan 16, 2007**  
**Secretary of State**

**Entity Name:** MANNY AUTO DEMENAGEMENT CORP

**Current Principal Place of Business:**

19630 NW 57 PLACE  
HIALEAH, FL 33015

**New Principal Place of Business:**

15305 SW 209TH AVE  
MIAMI, FL 33187

**Current Mailing Address:**

P.O.BOX 170105  
HIALEAH, FL 33017

**New Mailing Address:**

15305 SW 209TH AVE  
MIAMI, FL 33187

**FEI Number:** 20-3974572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KV CARRIER SERVICES  
9657 NW SOUTH RIVER DR  
SUITE #6  
MEDLEY, FL 33166 US

**Name and Address of New Registered Agent:**

KV CARRIER SERVICES  
9657 NW SOUTH RIVER DR  
SUITE # 1  
MEDLEY, FL 33166 US

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:

01/16/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, MANUEL  
Address: 19630 NW 57 PLACE  
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARCIA, MANUEL  
Address: 15305 SW 209TH AVE  
City-St-Zip: MIAMI, FL 33187

Title: VP ( ) Change (X) Addition  
Name: GARCIA, LETICIA S  
Address: 15305 SW 209TH AVE  
City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL GARCIA

P

01/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date