


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P06000018816 |  |
| 1. Entity Name MANACA BOATING COMPANY | |

| | |
|--|--|
| Principal Place of Business 1643 BRICKELL AVENUE #4102 MIAMI, FL 33129 | Mailing Address 1643 BRICKELL AVENUE #4102 MIAMI, FL 33129 |
|--|--|

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-4275074 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent EL-NAFFY, HANI 1643 BRICKELL AVENUE #4102 MIAMI, FL 33129 | |
|---|--|

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EL-NAFFY, HANI 1643 BRICKELL AVENUE #4102 MIAMI, FL 33129 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EL-NAFFY, DANIELLE 1643 BRICKELL AVENUE #4102 MIAMI, FL 33129 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

000000786358
01-17708-80037-013 150.00

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:  **HANI EL-NAFFY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 Date

(305) 520-8109 Daytime Phone #