

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000038128 1. Entity Name MANUEL PADILLA, INC.	
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Principal Place of Business 710 LAKESHORE DR IMMOKALEE, FL 34142 US	Mailing Address 710 LAKESHORE DR IMMOKALEE, FL 34142 US
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**DO NOT WRITE IN THIS SPACE**



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4504698	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PADILLA, MANUEL 710 LAKESHORE DR IMMOKALEE, FL 34142
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**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PADILLA, MANUEL 710 LAKESHORE DR IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

06/05/08-80004-012 158.75

**DO NOT WRITE IN THIS SPACE**

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 Manuel Padilla  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/31/08 Daytime Phone # 239-872-1405