


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90074 018 ***158.75

DOCUMENT # P06000047164 1. Entity Name MANUEL A. CID & ASSOCIATES, INC																													
Principal Place of Business 14448 S.W. 173 STREET MIAMI, FL 33177 US			Mailing Address 14448 S.W. 173 STREET MIAMI, FL 33177 US																										
2. Principal Place of Business - No P.O. Box # 14448 S.W. 173 Street		3. Mailing Address 14448 S.W. 173 St																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-4619587																									
Zip 33177		Country US		Zip 33177																									
Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent CID, MANUEL A 14448 S.W. 173 STREET MIAMI, FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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><i>(MANUEL A. CID)</i></u> Feb 08/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																													
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																											
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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><i>(MANUEL A. CID)</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>Feb 08/2007</u> Daytime Phone #: <u>305-951-2080</u>																									