

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 004 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000110605 1. Entity Name MANHATTAN MTS INC.					
Principal Place of Business 11586 NW 4 LANE MIAMI, FL 33172			Mailing Address 11586 NW 4 LANE MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5877714	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146				7. Name and Address of New Registered Agent Name OMAR R. YON Street Address (P.O. Box Number is Not Acceptable) 11586 N.W. 4 LANE City MIAMI FL 33172	
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 X x 4-30-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PD YON, OMAR R 16411 SOUTHWEST 77TH CIRCLE LANE #203 MIAMI, FL 33193	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMA, ISAAC 16411 SOUTHWEST 77TH CIRCLE LANE #203 MIAMI, FL 33193	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OMAR R. YON 11586 N.W. 4 LANE MIAMI, FL 33172	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISAAC LAMA 11586 N.W. 4 LANE MIAMI, FL 33172	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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 807, 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: X x 4-30-07 x (305) 4390772 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40098623



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