

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN -9 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000130716</b>					
<b>1. Entity Name</b> MANOLO PROPERTY MANAGEMENT & INVESTMENT GROUP INC.					
<b>Principal Place of Business</b> 13899 BISCAYNE BLVD #222 N MIAMI BCH, FL 33181			<b>Mailing Address</b> 13899 BISCAYNE BLVD #222 N MIAMI BCH, FL 33181		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082007    Chg-P    CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
D'METAYER, N. VINCENT 13899 BISCAYNE BLVD #222 N MIAMI BCH, FL 33181				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PST <b>NAME</b> D'METAYER, N. VINCENT <b>STREET ADDRESS</b> 13899 BISCAYNE BLVD #222 <b>CITY-ST-ZIP</b> N MIAMI BCH, FL 33181	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ANDRE G FARREAU <b>STREET ADDRESS</b> 13899 Biscayne Blvd # 222 <b>CITY-ST-ZIP</b> N Miami BCH, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BYFIELD, SHARON <b>STREET ADDRESS</b> 13899 BISCAYNE BLVD #222 <b>CITY-ST-ZIP</b> N MIAMI BCH, FL 33181	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ALBERTE FARREAU <b>STREET ADDRESS</b> 13899 Biscayne Blvd # 222 <b>CITY-ST-ZIP</b> N Miami Bch, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MCNEAL, DEBORAH <b>STREET ADDRESS</b> 13899 BISCAYNE BLVD #222 <b>CITY-ST-ZIP</b> N MIAMI BCH, FL 33181	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PICKNEY, EDWARD <b>STREET ADDRESS</b> 13899 BISCAYNE BLVD #222 <b>CITY-ST-ZIP</b> N MIAMI BCH, FL 33181	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ROBINSON, HIPHA <b>STREET ADDRESS</b> 13899 BISCAYNE BLVD #222 <b>CITY-ST-ZIP</b> N MIAMI BCH, FL 33181	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GARCIA, GURDO <b>STREET ADDRESS</b> 13899 BISCAYNE BLVD #222 <b>CITY-ST-ZIP</b> N MIAMI BCH, FL 33181	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Manolo Property Management &amp; Investment Group Inc.</i>			01/08/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		